

**PRIMARY CARE 24 (MERSEYSIDE)
BOARD MEETING (OPEN)**

DATE: 28 July 2022

TIME: 10am

VENUE: Board Room Wavertree

DISTRIBUTION: All Board members & attendees

BOARD MEMBERS: DIL DALY, DR MARY RYAN, JO BREWIN, HELEDD COOPER, PAUL CUMMINS, JOHN DOYLE, KATHRYN FOREMAN, PAULA GREY, MARIE HART, DR JON REYNOLDS

IN ATTENDANCE: MARGARET SWINSON, COMPANY SECRETARY, TRACEY HARRINGTON, DEPUTY COMPANY SECRETARY, STACEY SHIELDS, HANNAH HAGUE, HAZEL LOCKER

AGENDA

| | | | | Pages |
|-----------|---|------------|--|--------------------------------------|
| 1. | Chair's Welcome, apologies for absence and opening comments | | | - |
| 2. | New declarations of interest | | | - |
| 3. | Patient Story | | | - |
| 4. | Minutes of the meeting held on 26 May 2022 | | | 1 – 7 |
| 5. | Matters arising, action list progress and Corporate Risk Register | | | 8 |
| 6. | Chairman and Non-Executives' Report | | | |
| | 6.1 Chair's Report | DD | | 9 - 18 |
| 7. | Chief Executive | | | |
| | 7.1 Chief Executive's Report | MR | | 19 - 20 |
| 8. | Performance | | | |
| | 8.1 Performance Report April & May 2022 | MR & Execs | | 21 - 36 |
| | 8.2 Financial Accounts for the year ended 31 March 2022 | HC | | To follow on Monday post Audit Cttee |
| 9. | Strategy | | | |

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|------------|---|----|--------------|
| 9.1 | Strategic Objective Review: Growth | MR | Presentation |
| 9.2 | Clinical Workforce Strategy | MR | 37 - 60 |
| 10. | Governance | | |
| 10.1 | Organisational Change, Redundancy & Pay Protection Policy | JB | 61 - 78 |
| 10.2 | Debtors Policy | HC | 79 - 87 |
| 10.3 | Anti Fraud, Anti Bribery & Anti Corruption Policy | HC | 88 – 106 |
| 10.4 | Portable Device Policy | MS | 107 – 120 |
| 11. | Committee Reports | | |
| 11.1 | Quality & Workforce 20 July 2022 | PG | 121 – 122 |
| 11.2 | Finance & Performance 20 July 2022 | PC | 123 - 124 |
| 11.3 | Audit Committee 17 June 2022 | KF | 125 - 126 |
| 12. | Any other business | | |
| | The meeting is invited to move to closed session | | |

Date and Time of Next Meeting

Date: **29 September 2022**
 Time: **10am**
 Venue: **TBC**

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| Board Meeting: | Open Session | | |
| Venue: | Boyd Room, Wavertree | | |
| Date: | 26 th May 2022 | | |
| Time: | 10.00 am. | | |
| Present: | Apologies: | Date of Next Meeting: | |
| Dil Daly – <i>Chair</i> Mary Ryan (MR) - <i>CEO</i> Heledd Cooper (HC) - <i>Director of Finance</i> John Doyle (JD) – <i>NED</i> Kathryn Foreman (KF) - <i>NED</i> Paula Grey (PG) – <i>NED</i> Marie Hart (MH) – <i>Director of Nursing</i> Jon Reynolds (JR) – <i>Interim Medical Director</i> Stacey Shields (SS) – <i>Interim Director of Service Delivery</i> In attendance: Margaret Swinson (MS) – <i>Company Secretary</i> Tracey Harrington (TH) – <i>Deputy Company Secretary</i> Lyndsey Price (LP) – <i>Head of People</i> | Paul Cummins – <i>NED</i> Jo Brewin – <i>Director of People</i> | 28 July 2022 | |

| Item | | Action |
|------|--|--------|
| 1. | Chair's Welcome, apologies for absence and opening comments The Chair welcomed everyone to the meeting, Apologies were noted from Paul Cummins and Jo Brewin. | |
| 2. | New declarations of interest There were no new declarations of interest. | |
| 3. | Patient Story MH presented a patient story about a patient with complex health needs. The case had focussed on the application of learning from complaints in order to improve services. The patient had received clear information as part of the complaint process and had given positive feedback at the closure of the process. MH explained that the team would be developing an improvement action plan for each complaint over the coming month in order to close the loop on other complaints as it had been in this case. The Board noted that the number of complaints received represented a very small percentage of patient contacts and that the organisation was very thorough in its investigation and follow up when things went wrong. It also noted the 25 working day target timescale for closure of complaints which was shorter than was applied in NHS settings and which it was difficult to adhere to. The Board: <ul style="list-style-type: none"> Noted the presentation and the positive outcome | |

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| | <ul style="list-style-type: none"> Agreed that the target timescale for closure of complaints should be extended to 40 working days which brought PC24 in line with most of the wider NHS including local CCGs. | |
| 4. | <p>Minutes of the meetings held on 31 March and 20 April 2022</p> <p>The minutes of the Board meetings held on 31 March 2022 and 20 April 2022 were agreed.</p> | |
| 5. | <p>Matters arising, Action List Progress and Corporate Risk Register</p> <p>Matters arising:</p> <p>Clinical Workforce Plan: The Plan, which would be presented to the Quality & Workforce Committee and then to the Board in July, would be a full plan.</p> <p>Corporate Risk Register:</p> <p>Board members raised the following in relation to the Corporate Risk Register:</p> <ul style="list-style-type: none"> It was currently difficult to identify changes and updates to individual risks. Consideration would be given to how these could be easily identified as the register and its presentation continued to develop. Risk 91: Work was ongoing in relation to the development of Extended Access opportunities and how PC24 would be working with PCNs in future. Risk 163: Return to Work/Covid safety: The Perspex screens were due to be installed in the coming week and this risk was likely to have been downgraded and off the register by the July meeting. | |
| 6. | <p>Chair and Non-Executives' Report</p> <p>The Chair reported the following:</p> <ul style="list-style-type: none"> Discussions had taken place with MR regarding her stepping down from the CEO role and resuming the Medical Director role which was currently vacant. This had been agreed by at a meeting of the Nominations & Remuneration Committee. An appointment had been made to the Director of Operations & Digital vacancy. On 25 April, DD and PC visited several PC24 sites of operation to meet staff and to view the estate. A report of the visit would be discussed in the confidential part of the meeting. Board members were encouraged to visit remote sites. NHS Patient Safety training at Level 1 (for Board and Senior Management) and Level 2 (Access to Practice) had been completed. An appraisal process and supporting documentation were being developed specifically for NEDs. The documentation would be brought to the Board for noting. DD continued to have regular meetings with MR in order to keep in touch with developments at PC24. NEDs appreciated the 'catch up' briefings between Board meetings and it was agreed that these would be reinstated. <p>The Board:</p> <ul style="list-style-type: none"> Noted the Chair's report | |

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| 7. | <p>Chief Executive's Report</p> <p>MR introduced her written report which was supplemented by members of the Executive Team and highlighted that:</p> <ul style="list-style-type: none"> • CQC Inspection. The planned comprehensive inspection had taken place earlier in May alongside a wider System Review of Urgent & Emergency care. Initial feedback had been provided: <ul style="list-style-type: none"> • No urgent enforcement action had been taken • Inspectors felt welcomed and described the culture as open and transparent and staff responsive, compassionate and inclusive • Areas for improvement had been identified including the challenge of clinical staffing, long waiting times for call backs to patients, the relationship between OoH and NHS111, provision of feedback to staff who report incidents and the visibility of middle and senior managers. <p>The draft report would be circulated for factual accuracy corrections and the full report published with the system and other provider reports.</p> <ul style="list-style-type: none"> • Health24: Progress was continuing in the development of Health 24. A chair had been recruited and recruitment to the other vacant Trustee roles would now be progressed. It was hoped that the charity would open to grants in October / November 2022. • Paediatric Streaming in OoH: A steaming service for children was being piloted. This would be staffed by staff trained in paediatrics staff and funded from the CYP Transformation Stream of the ICS. Reporting on progress with this service would form part of the Performance Report. • Executive Team: Steve Evans, the new Director of Operations & Digital would be starting on 27th June. SS would be undertaking special projects for a period of 4 months before returning to her role as Deputy Director. HC had been appointed as Director of Finance for NHS Highland and would leave PC24 at the end of July. The advertisement for a new Director of Finance was about to go live. MR reiterated that she would be returning to the role of Medical Director in November and JR would continue as interim until that time. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the CEO's report • Thanked HC for her service and wished her well in her new position. | |
| 8. | <p>Performance</p> <p>8.1 Integrated Performance Report</p> <p>The Executive Team presented their areas of the Performance Report:</p> <p>Operational Performance: SS introduced the performance report. She highlighted that:</p> <ul style="list-style-type: none"> • OOH had continued to improve throughout February and March although it was not yet compliant with KPIs. An OOH Review and Recovery Group had been established jointly by PC24 and Commissioners to work on service remodelling in light of current demand, how patients access patterns and how cases are closed. The Board was advised that CQC had suggested that more face to face appointments should be undertaken but this was not supported by Commissioners or by the local data. • A project had been set up to introduce SMS messaging to patients awaiting call backs. These messages would provide up to date call back times etc but would not replace comfort calls. | |

- Extended Access services shift fulfilment had not improved. There was early evidence that the centralising of the Rota Team at Wavertree, and the appointment of a Rota Manager was having a positive effect on rota fill. This was supported by a clinical recruitment campaign.
- A data Quality Review had taken place in the Sefton Practices and had highlighted inconsistencies in the data which was collected to monitor performance. The CCG had provided support funding of £4k for this from the Winter Access Fund.
- The Organisational Change process had been completed. Recruitment to 4/5 of the new Head of Service roles had been successful and included both internal and external candidates. Two staff members had chosen redundancy.

In discussion Board members raised a number of matters:

- Extended Access: estates issues and apparent lack of awareness of the service were contributing to the lack of utilisation of the service in St Helens. These factors would feed into the ongoing conversations about future provision across the CCG areas.
- Direct Booking: PC24 had tried to turn direct booking into EA appointments by NHS111 back on, however there were some system blocks which prevented this at the present time.

Finance: HC explained that the financial performance would be considered under the Month 12 agenda item.

Quality: MH introduced Quality and Patient Safety report highlighting:

- Friends and Family responses had not shown significant improvement in the previous 3 months. The New Patient Engagement Lead was continuing to work on improved use of the information collected through the free text element of the survey and would bring a more detailed report to a future Board meeting.
- Although compliments were under-reported, staff were being encouraged to log them on Datix both in order to provide feedback to staff, but also to identify behaviour etc which should be used for wider learning.
- Incidents: The main theme identified through incident reporting was delays in patient call backs. The CQC visit had identified that staff would value feedback when incidents they had reported were closed. A system to generate this automatically was being investigated. The Quality Team was undertaking a deep dive into the reduction in reporting.
- 33 Safeguarding incidents had been reported on Datix in the two months and 1 incident referred onwards where a care home had incorrectly prescribed medication.
- The team continued to closely monitor complaints and incidents and further develop action plans.

Workforce: LP presented the people report and confirmed that:

- Work on improving data quality from ITrent was continuing.
- Sickness absence was being managed under the policy and support was offered to support staff on long term sick leave to return to work.
- Appraisal compliance was improving, though there were some delays in updating files. Work continued to improve this.

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| | <ul style="list-style-type: none"> • There had been a good response to the Clinical Workforce recruitment campaign for both nurses and GPs. The applications were being assessed. • Active consideration was being given to the use of GPs working from locations outside the UK. <p>The Board noted that data on ITrent was being sampled and tested for accuracy and the data accuracy was improving. Improvements should be evident by the next report.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the performance Report <p>8.2 Finance: HC presented the year-end financial position.</p> <p>The draft financial position for the year 2021/22 stood at £305k surplus against a planned surplus of £97k, therefore £210K ahead of plan. She highlighted the outcomes by service area. Provisions had been made for:</p> <ul style="list-style-type: none"> • £2.6m in relation to potential VAT exposure relating to Agency GP costs • Costs associated with the organisational change process • Employee Relations claims arising from the new Out of Hours contract <p>The accounts showed a general reserve of £1.5m which was sufficient to sustain fixed costs in the event that notice was served on any of the current contracts and therefore there was no need to build further reserves at this stage in order to comply with the Reserves Policy.</p> <p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> • PC24 made provision for future liabilities at the time they were identified. • Some of the current underspend in services had arisen due to the difficulty in filling clinical rotas. • Changes to skill mix or the proportion of salaried/associate clinicians against Agency clinicians would generate a cost reduction and the Sefton practices would have been close to break even if the clinical workforce was fully salaried. • With the changes in Extended Access in 2022/23, it was unlikely that the current level of surpluses would be generated in future. • A donation to the Charity would support PC24's social value contribution to the community. <p>In light of this information the Board discussed whether to make a further contribution to Health24</p> <p>The Board agreed:</p> <ul style="list-style-type: none"> • To make a contribution to Health24 which would bring the remaining surplus in line with the plan • To review the Reserves Policy alongside work on risk appetite. | |
| 9. | <p>Strategy</p> <p>9.1 There were no specific items</p> | |
| 10. | <p>Governance</p> <p>10.1 Managing Conflicts of interest</p> | |

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| | <p>MS presented the MIAA Conflict of Interest review undertaken as part of the anti-fraud programme. She noted that the report recommended widening the scope of reportable conflicts and the staff groups required to report regularly. She also presented the current Declarations of Interest Register which showed the interest and mitigations in place.</p> <p>The Board</p> <ul style="list-style-type: none"> Agreed to adopt the recommendations of the report. <p>10.2 Email and Internet Policy</p> <p>MS presented the Email and Internet Policy which had been recommended by the Finance & Performance Committee, highlighting that:</p> <p>The Board</p> <ul style="list-style-type: none"> Approved the policy. <p>10.3 Systems Security Policy</p> <p>MS presented The PC24 System Security, the draft of which was considered by the Finance & Performance Committee on 18 May 2022 and was recommended to the Board for approval. The policy was a new overarching security policy which superseded the previous system of different policies for each system. An example of the completed template for the Adastra System had been circulated to Committee members prior to the meeting.</p> <p>The Board</p> <ul style="list-style-type: none"> Approved the Systems Security Policy. | |
| 11. | <p>Committee Reports</p> <p>11.1 Quality & Workforce</p> <p>PG presented the report from the recent meeting of the Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> Was assured that the Committee is giving due scrutiny to the information presented to it Noted the main issues from the meeting. <p>11.2 Finance & Performance</p> <p>The written report from the recent meeting of the Committee was presented. There were no additional comments</p> <p>The Board:</p> <ul style="list-style-type: none"> Was assured that the Committee is giving due scrutiny to the information presented to it Noted the main issues from the meeting. <p>11.3 Nomination & Remuneration Committee</p> <p>DD highlighted the items included in the report from the meeting of the Committee noting:</p> | |

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| | <ul style="list-style-type: none"> the resignation of the Chief Executive and agreement that MR would resume the Medical Director Role on remuneration agreed by the Committee. the resignation of the Director of Finance and agreement of the job pack for the recruitment of a new Director of Finance. <p>The Board noted:</p> <ul style="list-style-type: none"> the decisions reached by the Committee | |
| 11. | Any Other Business | |

Date of next meeting: 28th July 2022
Time: 10am
Venue: Boyd Room, Wavertree

Open Section Action Points and Report back dates from PC24 Board Meeting 1 June 2022

| Action No. | Board Meeting reference | Action Required: | Due From: | Required by: | Comments |
|------------|-------------------------|---|-----------|-------------------------|---|
| 1. | 26.5.2022 Item 6 | NED Appraisal: Board members to provide examples to DD Form to be developed and come to Board for noting | All DD | Asap | Agreed pro forma appended to Chair's Report |
| 2. | 26.5.2022 Item 6 | NED catch up briefings to be reinstated | MS/MR | Asap | Briefing took place in June and will continue in the 'between Board' months |
| 3. | 26.5.2022 | Reserves Policy review | DoF | Post risk appetite work | |

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|---|---|--------------------------------------|
| Title: Chairman's Report | Meeting Date: 28th July 2022 | Agenda item no: 6.1 |
| Prepared and presented by: Dil Daly | Discussed by: | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led | Resource implications: | |
| | Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting | |
| | Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note the Chairman's Report | |

1.0 Purpose:

1.1 The purpose of this report is to inform the Board about the activities undertaken by the Chair.

2.0 Matters for Report

Since the last board meeting I have undertaken these actions on behalf of PC24:

- **Conversations with CEO role applicants**

Mary has been the lead contact for people enquiring about the role, but those candidates who have also wished to speak to the Chair have been able to contact me and discuss the role in more detail.

- **Growth vs Risk Development Session**

I have briefed our facilitator, Tracy, on the content of this session and constructed a spreadsheet tool which may be helpful in prioritising opportunities in a structured manner.

- **Senior personnel changes**

I have worked with Mary to produce a statement explaining why we have a high degree of change in our senior personnel roster at the present time and providing reassurance to external agencies that this is positive and not a cause for concern.

- **Interview for NED**

Paula, Mary and I interviewed Kathryn and confirmed an extension of her role as a NED on the PC24 Board.

- **NED Appraisals**

I have finalised the NED appraisal process which has now been approved by all of the NEDs and is appended to this report

- **Keeping in Touch**

The CEO and I have continued with our fortnightly catch up meetings to ensure that I am kept abreast of developments at PC24.

The Board is invited to:

- Note the Chair's Report

NED Appraisal Proforma

Date:

Name and role of appraisee:

Signature:

Name and role of appraiser:

Signature:

Does the appraisee agree with the appraisal outcome and observations?

Please record any areas of disagreement

Performance Description (and examples) :

Exceeds Expectations

Has influenced decision making of Board, Committees and the Executive Team to form and create strategy. Is an excellent team member. Is visible within the organisation and a positive ambassador. Regularly challenges the Executive Team constructively and seeks clarity on strategy. Demonstrates commitment to the quality of the patient experience. Consistently exceeds established standards in most areas of responsibility. All requirements were met and objectives were achieved above the established standards.

Meets Expectations

Regularly attends at Board and Committees. All job requirements were met. Actions relating to key areas and planned objectives were accomplished within established standards. There were no critical areas where accomplishments were less than satisfactory.

Scope for Improvement / Developing Performer

Performance in one or two critical areas does not meet expectations. Not all planned objectives were accomplished within the established standards and some responsibilities were not completely met (e.g. has just joined the Board).

Significant Improvement Required

Performance in several critical areas does not meet expectations. Most responsibilities were not completely met. Meetings have been missed frequently. Does not read papers or prepare for meetings. Is frequently disruptive rather than constructive.

Please note that the comments under each domain heading (A to E) are for guidance and to prompt discussion only. Please do not think that these items are the only ones to be used or that the appraisal of performance should be based upon them solely.

A. Leadership & Style

Is visible throughout PC24 and a positive ambassador for the organisation

Behaves consistently with the values of PC24

Works well as part of the governance team

Uses independent judgement and experience from outside PC24 to the benefit the organisation

Abides by and makes decisions within the constitutional, policy and procedural framework of PC24

Understands and can articulate PC24's regulatory and compliance context.

Encourages collaboration, partnerships and system-wide thinking to benefit patients

What has the appraisee contributed in this domain and are there any areas to target for future improvement?

B. Contributions and Holding to Account

Contributes and challenges with a specific focus on strategic matters and the management of corporate risks (not operational areas)

Challenges constructively and courteously in a way that adds value

Is clear and concise in the questions asked and the points made

Is persistent in their challenge and does not move on from an issue until questions have been satisfactorily addressed

Does not inappropriately dominate Board or Committee meetings

Takes account of internal and external factors to guide sustainable decision-making for the benefit of patients and service users.

Evaluates evidence, risks and options for improvement objectively

Applies financial, commercial and technological understanding effectively.

Ensures that equality, diversity and inclusion are key factors in board decisions

What has the appraisee contributed in this domain and are there any areas to target for future improvement?

C. Attendance

Is a regular attendee at Board and relevant committee meetings

Attends Board events (such as training or development sessions) when required

Completes all mandatory training within specified timescales

Please detail the appraisee's attendance record and training record for the year, together with some narrative on performance in this domain.

D. For NEDs who perform a chairing role (Board or Committee) Score:

Does the Chair encourage active engagement by all members of the Board\Committee

Does the agenda, style and time of the Board\Committee meeting promote effective open and transparent decision-making

Does the Chair allow, encourage and listen to all views\comments

Does the Chair constructively provoke debate and discussion

Does the Chair ensure that no individual or group dominates Board or Committee meetings

Does the Chair ensure that patients' interests are adequately reflected in strategic discussions where relevant

Does the Chair allow sufficient time for debate but keeps the meeting to time

Does the Chair recap discussions and highlight areas of agreement\disagreement and decisions made

Does the Chair ensure that decisions are made where required

What has the appraisee contributed in this domain and are there any areas to target for future improvement?

E. For the Chair of the Board

Score:

Does the Chair provide coherent leadership of the organisation and specifically the Board

Is the Chair a positive ambassador, representing the organisation effectively

Does the Chair ensure that the Board effectively address strategic issues in a timely fashion?

Does the Chair demonstrate visible leadership which welcomes interaction with all stakeholders

Does the Chair support, counsel and act as a critical friend to directors, including the Chief Executive.

Does the Chair create a compassionate, caring and inclusive environment, welcoming change and challenge.

Does the Chair help the Board to measure performance against constitutional standards, including equality, diversity and inclusion

Does the Chair inspire confidence and trust and reflect the values of PC24

What has the appraisee contributed in this domain and are there any areas to target for future improvement?

Strengths: What does this NED do particularly well?

Opportunities: How might this NED increase their effectiveness and impact?

Additional Comments

| | | |
|---|---|--------------------------------------|
| Title: Chief Executive's Report | Meeting Date: 28 July 2022 | Agenda item no: 7.1 |
| Prepared and presented by: Dr Mary Ryan | Discussed by: | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led | Resource implications: | |
| | Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting | |
| | Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note the Chief Executive's Report | |

1.0 Purpose:

The purpose of this paper is to update the Board on the focus of the Chief Executive's work since the last meeting.

2.0 Matters for report

- As Board is aware, CQC had provided us with their draft report on out of Hours / Extended Access. We corrected this report for accuracy as well as providing comments on the narrative. The report on the North Mersey Urgent Care system was published on Friday 22nd July. PC24 IUC services have been rated as 'Requires Improvement'. There will be further discussion in the meeting.
- Jon Reynolds, Marie Hart and I attended the annual UHUK meeting in the Lakes in early July. This was a productive meeting, focusing mainly on the role of UHUK and what it can offer, on behalf of its members, to the wider system. There is a renewed commitment to Social Enterprise organisations in Primary Care working together and more development is expected.

- The Medical Director and CEO attended a meeting with Clinical Guardian, to ensure we were making the most of the service. This provided some valuable insight (reported later in Board) which will inform generation of a policy on 'Managing Clinicians in Difficulty'.
- Work continues on exploring innovative ways of delivering a robust workforce for PC24.

I have been working with insurers and our Digital team to explore the possibility of recruiting overseas clinicians to work remotely. Information is so far positive from all stakeholders, and no one is unhappy with the proposal, though there are some IT issue which could be made easier with some enhancements. Further work and research are planned, and a full paper will come to Board before a decision is taken on using this avenue.

- Exec team update:
Steve Evans has taken up post as Director of Operations & Digital.
Hazel Locker has been appointed as Director of finance, starting September 2022
Director of People interviews will take place on July 25th 2022
The application for the role of CEO closes on July 25th 2022 with an interview date of August 4th 2022

3.0 Recommendations

The Board is invited to:

- note the Chief Executive's report.

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| Title: Integrated Performance Report | Meeting Date: 28 th July 2022 | Agenda item no: 7.1 |
| Prepared and presented by: Presented by Dr Mary Ryan (CEO) Prepared by Executive Directors | Discussed by: Executive Directors | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led | Resource implications: | |
| | Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting | |
| | Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note performance for April and May 2022 • To receive assurance that the necessary actions are being taken. | |




















1.0 Purpose:.

- 1.1 The purpose of this report is to update the Board with the performance across the organisation for the months of April and May 2022.

2.0 Recommendations:

The meeting is invited to:

- Note performance for April and May 2022.
- Receive assurance that the necessary actions are being taken.

| Service Delivery | App. ref | Target | YTD (from Apr) | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Trend |
|--|----------|--------|----------------|---------------|---------------|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| Integrated Urgent Care | | | | | | | | | | | | | | | | |
| OOH NQR 8 / IQR 1 Calls answered in 60secs | 1 | 95% | 93.9% | 86.6% | 84.2% | 80.5% | 91.3% | 88.3% | 92.7% | 88.9% | 93.6% | 95.2% | 95.3% | 93.2% | 94.6% |  |
| OOH NQR 9 / IQR 3 - DCA required < 20mins | 1 | 95% | 72.0% | 79.2% | 80.4% | 73.3% | 82.6% | 78.1% | 80.8% | 76.6% | 83.0% | 75.3% | 78.9% | 66.2% | 77.8% |  |
| OOH NQR 9 / IQR 5 - DCA required < 60mins | 1 | 95% | 38.3% | 35.1% | 34.9% | 36.1% | 46.4% | 34.9% | 41.6% | 33.2% | 43.8% | 39.8% | 39.0% | 29.4% | 47.1% |  |
| OOH NQR 12 / IUC 14 - Home Visits - Total | 1 | 95% | 78.7% | 80.4% | 80.0% | 75.3% | 75.7% | 72.2% | 69.0% | 67.6% | 79.9% | 77.5% | 78.8% | 79.5% | 77.9% |  |
| OOH NQR 12 / IUC 13 - UCCs - Total | 1 | 95% | 99.1% | 99.2% | 99.2% | 99.4% | 99.3% | 99.0% | 99.4% | 99.1% | 99.4% | 99.5% | 98.5% | 98.9% | 99.2% |  |
| OOH activity (7 CCGs from April 2021) | 1 | n/a | 20,915 | 10,009 | 10,950 | 10,603 | 9,474 | 10,921 | 9,967 | 11,505 | 10,857 | 8,529 | 8,817 | 10,975 | 9,940 |  |
| In-hours CAS activity (111 CAS & Covid Dx, NWSA referrals) | | n/a | 3,227 | | | | | | 2,159 | 1,914 | 1,681 | 1,558 | 1,950 | 1,605 | 1,622 |  |
| COVID-19 activity from NHS 111 - OOH period | | n/a | 1,616 | 517 | 688 | 786 | 794 | 1,184 | 1,024 | 1,406 | 954 | 462 | 746 | 925 | 691 |  |
| COVID-19 activity from NHS 111 - In-hours period | | n/a | 893 | 319 | 490 | 488 | 668 | 779 | 765 | 685 | 497 | 323 | 540 | 495 | 398 |  |
| RLUH Primary Care Streaming - appointment utilisation (In-hours period only from Apr 2021) | 4 | 50% | 59.7% | 66.8% | 63.1% | 57.9% | 64.9% | 78.4% | 76.0% | 63.8% | 55.3% | 68.0% | 68.8% | 60.9% | 58.4% |  |
| RLUH Primary Care Streaming - % referral rate to secondary care (In-hours period only from Apr 2021) | 4 | | 13.7% | 12.6% | 15.6% | 14.9% | 14.9% | 14.8% | 15.3% | 16.2% | 14.9% | 8.3% | 14.9% | 13.4% | 14.0% |  |
| RLUH Primary Care Streaming - shift fulfilment rate (In-hours period only from Apr 2021) | 4 | 100% | 90.3% | 77.5% | 95.3% | 79.2% | 89.0% | 79.5% | 97.7% | 93.6% | 69.6% | 59.5% | 83.0% | 95.0% | 85.6% |  |
| Knowsley In Hours Services - Home visits in 1, 2 and 6 hours | 95% | | n/a | Not available | Not available | Not available | Not available | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |  |
| Knowsley In Hours Services - patients seen within 30 minutes of scheduled appt | 5 | 95% | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |  |
| Intermediate Care Service - consistent medical provision | 5 | 90% | 95.6% | 100.0% | 100.0% | 95.4% | 100.0% | 100.0% | 100.0% | 100.0% | 99.3% | 99.2% | 100.0% | 91.2% | 100.0% |  |
| Knowsley Extended Access - utilisation rate of available appointments | 6 | | 74.5% | | | 63.4% | 84.3% | 80.8% | 75.7% | 60.6% | 63.5% | 63.1% | 66.1% | 72.9% | 76.2% |  |
| Knowsley Extended Access - DNA rate of booked appointments | 6 | | 2.8% | | | 4.7% | 5.8% | 2.1% | 5.8% | 5.1% | 2.1% | 3.6% | 4.0% | 1.9% | 3.6% |  |
| Knowsley Extended Access - Clinical rota shift fulfilment | 6 | | 68.8% | | | 64.7% | 56.9% | 65.8% | 53.8% | 74.1% | 83.9% | 86.3% | 79.4% | 57.8% | 79.9% |  |
| Liverpool Extended Access - utilisation rate of available appointments | 7 | | 75.9% | 67.1% | 72.4% | 72.6% | 69.2% | 64.3% | 65.4% | 66.5% | 66.0% | 78.0% | 82.0% | 71.5% | 80.3% |  |
| Liverpool Extended Access - DNA rate of booked appointments | 7 | | 4.3% | 4.4% | 5.0% | 5.5% | 4.4% | 6.0% | 4.9% | 4.9% | 3.8% | 5.1% | 5.1% | 3.4% | 5.1% | |

Appendices

App 1 OOH reporting template

| PC24 OOH operational performance KPI reporting template | | | | | | | |
|---|--|---|---------------------|--------------|----------------|---------------|--------------|
| (Local and Internal Quality Requirements, and IUC KPIs) | | | | | | | |
| Reporting time period: Sunday 01/05/22 08:00 - Wednesday 01/06/22 07:59 - 7 CCGs | | | | | | | |
| Ref | KPI | Target description | Total volume | Compliant | Patient choice | Non-compliant | % compliance |
| 1 | LQR 2 | Case details sent by 8am next working day (target =100%) | 9940 | 9938 | 1 | 1 | 100.0% |
| 2 | LQR1b | HCP calls abandoned after 30 seconds (target <5%) | 2615 | 2585 | | 30 | 1.1% |
| 3 | IQR1 | HCP calls answered <60 seconds | 2492 | 2358 | | 134 | 94.6% |
| 4 | IQR2 | 999 ambulance for potential ILTC by non-clinician <3 minutes (target =100%) | 0 | 0 | 0 | 0 | |
| 5 | IQR3 | DCA required <20 minutes | 2012 | 1454 | 111 | 447 | 77.8% |
| 6 | IQR4 | DCA required <30 minutes | 192 | 137 | 7 | 48 | 75.0% |
| 7 | IQR5 | DCA required <60 minutes | 3462 | 1490 | 140 | 1832 | 47.1% |
| 8 | IQR6 | DCA required <2 hours | 2038 | 915 | 63 | 1060 | 48.0% |
| 9 | IQR7 | DCA required <4 hours | 7 | 1 | 0 | 6 | 14.3% |
| 10 | IQR8 | DCA required <6 hours | 1097 | 428 | 71 | 598 | 45.5% |
| 11 | IQR9 | DCA required <12 hours | 390 | 175 | 17 | 198 | 49.2% |
| 12 | IQR10 | DCA required <24 hours | 267 | 219 | 16 | 32 | 88.0% |
| a | | Total cases received requiring assessment (refs 4 - 12) | 9465 | | | | |
| b | | Total cases requiring clinician action (refs 5 - 12) | 9465 | | | | |
| Following priority determined by PC24 Definitive Clinical Assessment (DCA), other clinician at Walk-in Centre/AED or NHS 111 assessment (direct bookings) | | | | | | | |
| 13 | IUC KPI 13a | UCC Emergency <1 hour | 0 | 0 | 0 | 0 | |
| 14 | IUC KPI 13b | UCC Urgent <2 hours | 209 | 192 | 8 | 9 | 95.7% |
| 15 | IUC KPI 13c | UCC Less urgent <6 hours | 1299 | 1271 | 25 | 3 | 99.8% |
| c | Total | Urgent Care Centre cases | 1508 | 1463 | 33 | 12 | 99.2% |
| 16 | IQR11 | Telephone Advice Emergency <1 hour | 49 | 33 | 0 | 16 | 67.3% |
| 17 | IQR12 | Telephone Advice Urgent <2 hours | 1838 | 1419 | 0 | 419 | 77.2% |
| 18 | IQR13 | Telephone Advice Less Urgent <6 hours | 5775 | 3370 | 0 | 2405 | 58.4% |
| d | Total | Telephone Advice cases | 7662 | 4822 | 0 | 2840 | 62.9% |
| 19 | IUC KPI 14a | Home visit Emergency <1 hour | 1 | 1 | 0 | 0 | 100.0% |
| 20 | IUC KPI 14b | Home visit Urgent <2 hours | 231 | 175 | 2 | 54 | 76.6% |
| 21 | IUC KPI 14c | Home visit Less urgent <6 hours | 279 | 214 | 6 | 59 | 78.9% |
| e | Total | Home Visit cases | 511 | 390 | 8 | 113 | 77.9% |
| f | | Total telephone and face-to-face consultations (c)+(d)+(e) | 9681 | 6675 | 41 | 2965 | |
| Information section | | | | | | | |
| No PC24 Definitive Clinical Assessment (DCA) | | | Urgent Care Centres | | | | |
| 22 | Cases not requiring DCA; triaged by AED (same-site Primary Care Streaming) | 106 | Emergency | 1 hour total | Pat. choice | Compliant | % result |
| 23 | Cases not requiring DCA; triaged by Walk-in Centre clinician | 0 | Aintree | 0 | 0 | 0 | |
| 24 | Patient episode continued, service provided | 110 | Bath Street | 0 | 0 | 0 | |
| 25 | Patient episode ended, no service provided | 259 | Formby | 0 | 0 | 0 | |
| Final case-type totals | | | Garston | 0 | 0 | 0 | |
| 26 | Total Ambulance cases | 0 | Huyton | 0 | 0 | 0 | |
| 27 | Total Telephone Advice cases | 7662 | Litherland | 0 | 0 | 0 | |
| 28 | Total UCC attendances | 1508 | Lowe House | 0 | 0 | 0 | |
| 29 | Total Home Visits | 511 | Old Swan | 0 | 0 | 0 | |
| g | Total cases completed (=a+22+23+24+25) | | 9940 | Runcorn | 0 | 0 | 0 |
| | | | The Royal | 0 | 0 | 0 | |
| Referrals to secondary care | | | Southport | 0 | 0 | 0 | |
| 30 | Hospital referred (referred for admission / advised A&E) | 1108 | Widnes | 0 | 0 | 0 | |
| Compliance levels | | | Total | 0 | 0 | 0 | |
| 31 | | Fully compliant (95-100%) - except ref 1, 2 & 4 | Urgent | 2 hour total | Pat. choice | Compliant | % result |
| 32 | | Partially compliant (90-94.9%) - except ref 1, 2 & 4 | Aintree | 1 | 0 | 1 | 100.0% |
| 33 | | Non-compliant (89.9% and under) - except ref 1, 2 & 4 | Bath Street | 33 | 0 | 32 | 97.0% |
| Comments: | | | Formby | 2 | 1 | 1 | 100.0% |
| | | | Garston | 1 | 0 | 1 | 100.0% |
| | | | Huyton | 13 | 0 | 12 | 92.3% |
| | | | Litherland | 29 | 1 | 24 | 86.2% |
| | | | Lowe House | 17 | 0 | 17 | 100.0% |
| | | | Old Swan | 78 | 4 | 72 | 97.4% |
| | | | Runcorn | 11 | 1 | 9 | 90.9% |
| | | | The Royal | 4 | 0 | 4 | 100.0% |
| | | | Southport | 9 | 0 | 9 | 100.0% |
| | | | Widnes | 11 | 1 | 10 | 100.0% |
| | | | Total | 209 | 8 | 192 | 95.7% |
| | | | Less urgent | 6 hour total | Pat. choice | Compliant | % result |
| | | | Aintree | 7 | 0 | 7 | 100.0% |
| | | | Bath Street | 251 | 5 | 246 | 100.0% |
| | | | Formby | 20 | 0 | 20 | 100.0% |
| | | | Garston | 6 | 0 | 6 | 100.0% |
| | | | Huyton | 53 | 1 | 52 | 100.0% |
| | | | Litherland | 164 | 3 | 161 | 100.0% |
| | | | Lowe House | 100 | 2 | 97 | 99.0% |
| | | | Old Swan | 381 | 7 | 372 | 99.5% |
| | | | Runcorn | 48 | 0 | 48 | 100.0% |
| | | | The Royal | 129 | 2 | 127 | 100.0% |
| | | | Southport | 78 | 5 | 73 | 100.0% |
| | | | Widnes | 62 | 0 | 62 | 100.0% |
| | | | Total | 1299 | 25 | 1271 | 99.8% |
| | | | Grand total | 1508 | 33 | 1463 | |
| Template v5 - 22/11/21 | | | | | | | |

Template v5 - 22/11/21

Source: Adastra/Business Intelligence Team
 Author: Performance Improvement Analyst (DF)

App 4 RLUH Includes any additional weekday daytime cover provided - from April 2021 covers In-hours cover only, OOH appointments counted within OOH activity/contract

| Month | Potential slots available | Un-covered slots | Actual appts available | Appts booked | Slots not used | % of appts used | Avg appts per hour | Ref for admission/A &E | % ref for admission/A &E | Slots deducted for shift fulfilment | Shift fulfilment (includes un-filled shifts) |
|--------|---------------------------|------------------|------------------------|--------------|----------------|-----------------|--------------------|------------------------|--------------------------|-------------------------------------|--|
| Jun-21 | 552 | 124 | 428 | 286 | 142 | 66.8% | 2.18 | 36 | 12.6% | 0 | 77.5% |
| Jul-21 | 555 | 26 | 529 | 334 | 195 | 63.1% | 2.05 | 52 | 15.6% | 0 | 95.3% |
| Aug-21 | 528 | 110 | 418 | 242 | 176 | 57.9% | 1.88 | 36 | 14.9% | 0 | 79.2% |
| Sep-21 | 552 | 56 | 496 | 322 | 174 | 64.9% | 2.12 | 48 | 14.9% | 0 | 89.9% |
| Oct-21 | 531 | 109 | 422 | 331 | 91 | 78.4% | 2.57 | 49 | 14.8% | 0 | 79.5% |
| Nov-21 | 555 | 13 | 542 | 412 | 130 | 76.0% | 2.48 | 63 | 15.3% | 0 | 97.7% |
| Dec-21 | 528 | 34 | 494 | 315 | 179 | 63.8% | 2.08 | 51 | 16.2% | 0 | 93.6% |
| Jan-22 | 504 | 153 | 351 | 194 | 157 | 55.3% | 1.80 | 29 | 14.9% | 0 | 69.6% |
| Feb-22 | 504 | 204 | 300 | 204 | 96 | 68.0% | 2.22 | 17 | 8.3% | 0 | 59.5% |
| Mar-22 | 576 | 98 | 478 | 329 | 149 | 68.8% | 2.24 | 49 | 14.9% | 0 | 83.0% |
| Apr-22 | 477 | 24 | 453 | 276 | 177 | 60.9% | 2.00 | 37 | 13.4% | 0 | 95.0% |
| May-22 | 528 | 76 | 452 | 264 | 188 | 58.4% | 1.90 | 37 | 14.0% | 0 | 85.6% |

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (CS)

App 5 Intermediate Care

| Month | Total Time (hours) | Allocated Time (hours) | Unallocated Time (hours) | % hours filled |
|--------------------------------------|--------------------|------------------------|--------------------------|----------------|
| June 2021 – Knowsley GP | 198 | 198 | 0 | |
| June 2021 – Knowsley GP Standby | 0 | 0 | 0 | |
| | | | | 100.0% |
| July 2021 – Knowsley GP | 163 | 163 | 0 | |
| July 2021 – Knowsley GP Standby | 34.5 | 34.5 | 0 | |
| | | | | 100.0% |
| August 2021 – Knowsley GP | 157.5 | 148.5 | 9 | |
| August 2021 – Knowsley GP Standby | 40 | 40 | 0 | |
| | | | | 95.4% |
| September 2021 – Knowsley GP | 153 | 153 | 0 | |
| September 2021 – Knowsley GP Standby | 45 | 45 | 0 | |
| | | | | 100.0% |
| October 2021 – Knowsley GP | 149 | 149 | 0 | |
| October 2021 – Knowsley GP Standby | 40 | 40 | 0 | |
| | | | | 100.0% |
| November 2021 – Knowsley GP | 153 | 153 | 0 | |
| November 2021 – Knowsley GP Standby | 45 | 45 | 0 | |
| | | | | 100.0% |
| December 2021 – Knowsley GP | 162 | 162 | 0 | |
| December 2021 – Knowsley GP Standby | 43.25 | 43.25 | 0 | |
| | | | | 100.0% |
| January 2022 – Knowsley GP | 149 | 149 | 0 | |
| January 2022 – Knowsley GP Standby | 38 | 36.75 | 1.25 | |
| | | | | 99.3% |
| February 2022 – Knowsley GP | 140 | 140 | 0 | |
| February 2022 – Knowsley GP Standby | 40 | 38.5 | 1.5 | |
| | | | | 99.2% |
| March 2022 – Knowsley GP | 157 | 157 | 0 | |
| March 2022 – Knowsley GP Standby | 48.5 | 48.5 | 0 | |
| | | | | 100.0% |
| April 2022 – Knowsley GP | 154 | 137 | 17 | |
| April 2022 – Knowsley GP Standby | 40 | 40 | 0 | |
| | | | | 91.2% |
| May 2022 – Knowsley GP | 156 | 156 | 0 | |
| May 2022 – Knowsley GP Standby | 42 | 42 | 0 | |
| | | | | 100.0% |
| June 2022 – Knowsley GP | 160 | 160 | 0 | |
| June 2022 – Knowsley GP Standby | 38 | 38 | 0 | |
| | | | | 100.0% |

Source: RotaMaster

Author: Business Intelligence Lead

App 6 Extended Access - Knowsley

| Knowsley Extended Access | | | | | | |
|--------------------------|-----------------|--------------|--|-------------------|------------------|--------------------------------|
| Month | Appts available | Appts booked | Appts DNA'd (face-to-face 'Did not attend' only) | % of appts booked | % of appts DNA'd | Clinical rota shift fulfilment |
| Aug-21 | 844 | 535 | 25 | 63.4% | 4.7% | 64.7% |
| Sep-21 | 695 | 586 | 34 | 84.3% | 5.8% | 56.9% |
| Oct-21 | 647 | 523 | 11 | 80.8% | 2.1% | 65.8% |
| Nov-21 | 868 | 657 | 38 | 75.7% | 5.8% | 53.8% |
| Dec-21 | 993 | 602 | 31 | 60.6% | 5.1% | 74.1% |
| Jan-22 | 919 | 584 | 12 | 63.5% | 2.1% | 83.9% |
| Feb-22 | 1072 | 676 | 24 | 63.1% | 3.6% | 86.3% |
| Mar-22 | 1127 | 745 | 30 | 66.1% | 4.0% | 79.4% |
| Apr-22 | 797 | 581 | 11 | 72.9% | 1.9% | 57.8% |
| May-22 | 982 | 748 | 27 | 76.2% | 3.6% | 79.9% |

Source: RotaMaster / EMIS

Author: Business Intelligence Lead / Rota Administrator (AL-M)

App 7 Extended Access - Liverpool, St Helens

| Liverpool Extended Access | | | | | | |
|---------------------------|-----------------|--------------|---------------------------------------|-------------------|------------------|--------------------------------|
| Month | Appts available | Appts booked | Appts DNA'd (incl 'tel not answered') | % of appts booked | % of appts DNA'd | Clinical rota shift fulfilment |
| Jun-21 | 3112 | 2088 | 92 | 67.1% | 4.4% | 74.7% |
| Jul-21 | 2567 | 1858 | 92 | 72.4% | 5.0% | 63.3% |
| Aug-21 | 2555 | 1855 | 102 | 72.6% | 5.5% | 56.2% |
| Sep-21 | 2918 | 2019 | 88 | 69.2% | 4.4% | 69.3% |
| Oct-21 | 2734 | 1759 | 106 | 64.3% | 6.0% | 71.9% |
| Nov-21 | 2965 | 1938 | 94 | 65.4% | 4.9% | 70.1% |
| Dec-21 | 2946 | 1958 | 96 | 66.5% | 4.9% | 59.9% |
| Jan-22 | 1981 | 1308 | 50 | 66.0% | 3.8% | 48.9% |
| Feb-22 | 2611 | 2036 | 104 | 78.0% | 5.1% | 59.8% |
| Mar-22 | 2671 | 2190 | 111 | 82.0% | 5.1% | 52.4% |
| Apr-22 | 2356 | 1684 | 57 | 71.5% | 3.4% | Not available |
| May-22 | 2995 | 2404 | 123 | 80.3% | 5.1% | Not available |

| St Helens Extended Access | | | | | | |
|---------------------------|-----------------|--------------|-------------|-------------------|------------------|--------------------------------|
| Month | Appts available | Appts booked | Appts DNA'd | % of appts booked | % of appts DNA'd | Clinical rota shift fulfilment |
| Jun-21 | 1616 | 1415 | 59 | 87.6% | 4.2% | 91.2% |
| Jul-21 | 1431 | 1286 | 46 | 89.9% | 3.6% | 74% |
| Aug-21 | 1177 | 1020 | 34 | 86.7% | 3.3% | 62% |
| Sep-21 | 1477 | 1374 | 45 | 93.0% | 3.3% | 66.3% |
| Oct-21 | 1418 | 1343 | 39 | 94.7% | 2.9% | 65.5% |
| Nov-21 | 677 | 616 | 49 | 91.0% | 8.0% | 35.4% |
| Dec-21 | 737 | 621 | 50 | 84.3% | 8.1% | 52.1% |
| Jan-22 | 642 | 514 | 30 | 80.1% | 5.8% | 53.0% |
| Feb-22 | 912 | 656 | 37 | 71.9% | 5.6% | 67.6% |
| Mar-22 | 919 | 690 | 38 | 75.1% | 5.5% | 65.7% |
| Apr-22 | 770 | 556 | 26 | 72.2% | 4.7% | 74.6% |
| May-22 | 771 | 598 | 27 | 77.6% | 4.5% | 69.4% |

Source: RotaMaster / EMIS / Adastra

Author: Business Intelligence Lead / Service Delivery Administrator (LF) / Rota and Workforce Planning Manager

App 8 Asylum service

| | Target | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Arrivals (EMIS report) | | 185 | 165 | 369 | 428 | 322 | 391 | 195 | 112 | 120 | 405 | 221 | 221 |
| Departures (EMIS report) | | 204 | 118 | 211 | 141 | 377 | 296 | 243 | 164 | 262 | 220 | 184 | 181 |
| Health Assessments completed in month, regardless of when patient arrived (EMIS report) | | 172 | 55 | 47 | 191 | 302 | 314 | 249 | 119 | 135 | 184 | 155 | 223 |

Source: EMIS
Author: Business Intelligence Lead

| Management Accounts as at 31 May 2022 | | | | | Period Budget 000s | Period Actuals 000s | Period Variance 000s |
|---------------------------------------|--------------------|-----------------|------------------|-------------------|--------------------|---------------------|----------------------|
| | Annual Budget 000s | YTD Budget 000s | YTD Actuals 000s | YTD Variance 000s | | | |
| Income | 18,756 | 3,853 | 3,834 | (19) | | | |
| Pay | (11,642) | (2,298) | (2,277) | 21 | | | |
| Non Pay | (1,029) | (192) | (185) | 7 | | | |
| Service Delivery Total | 6,086 | 1,363 | 1,372 | 9 | | | |
| Income | 974 | 0 | 4 | 4 | | | |
| Pay | (2,917) | (555) | (355) | 201 | | | |
| Non Pay | (4,045) | (166) | (174) | (8) | | | |
| Corporate Support Total | (5,988) | (721) | (525) | 196 | | | |
| Grand Total Surplus / (Deficit) | 98 | 642 | 847 | 205 | | | |

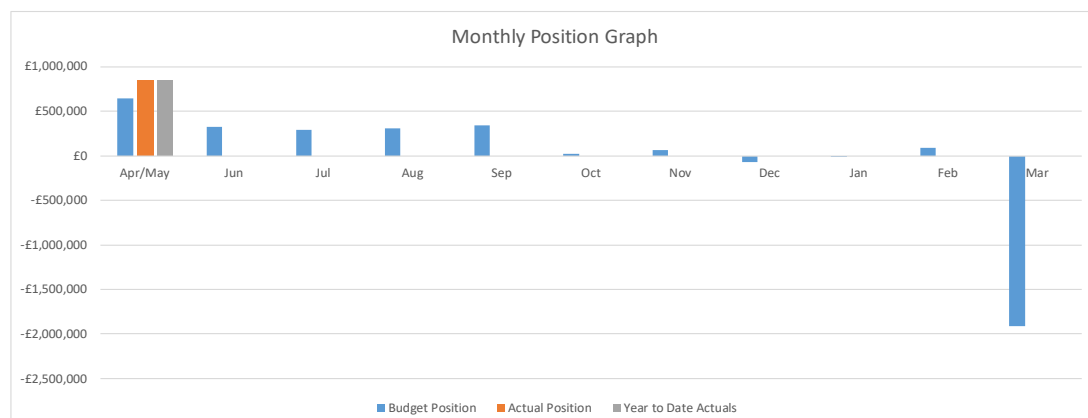
| Sefton Practices | | | | | Period Budget 000s | Period Actuals 000s | Period Variance 000s |
|---|--------------------|-----------------|------------------|-------------------|--------------------|---------------------|----------------------|
| | Annual Budget 000s | YTD Budget 000s | YTD Actuals 000s | YTD Variance 000s | | | |
| Base Contract | 1,914 | 319 | 319 | 0 | | | |
| QOF | 299 | 31 | 31 | - | | | |
| LQC income (SSCCG) | 433 | 72 | 55 | (17) | | | |
| CQRS income (NHSE) | 140 | 23 | 8 | (16) | | | |
| Sundry income | - | - | 1 | 1 | | | |
| Total Income | 2,786 | 446 | 414 | (32) | | | |
| Pay | (2,623) | (437) | (382) | 55 | | | |
| Non Pay | (301) | (50) | (41) | 10 | | | |
| Positive/(Negative) Contribution to Overheads | (138) | (41) | (9) | 33 | | | |

| Management Accounts as at 30th April 2022 | | | | | Period Budget 000s | Period Actuals 000s | Period Variance 000s |
|---|--------------------|-----------------|------------------|-------------------|--------------------|---------------------|----------------------|
| | Annual Budget 000s | YTD Budget 000s | YTD Actuals 000s | YTD Variance 000s | | | |
| Income | | | | | | | |
| Pay | | | | | | | |
| Non Pay | | | | | | | |
| Service Delivery Total | | | | | | | |
| Income | | | | | | | |
| Pay | | | | | | | |
| Non Pay | | | | | | | |
| Corporate Support Total | | | | | | | |
| Grand Total Surplus / (Deficit) | | | | | | | |

| Sefton Practices | | | | | Period Budget 000s | Period Actuals 000s | Period Variance 000s |
|---|--------------------|-----------------|------------------|-------------------|--------------------|---------------------|----------------------|
| | Annual Budget 000s | YTD Budget 000s | YTD Actuals 000s | YTD Variance 000s | | | |
| Base Contract | | | | | | | |
| QOF | | | | | | | |
| LQC income (SSCCG) | | | | | | | |
| CQRS income (NHSE) | | | | | | | |
| Sundry income | | | | | | | |
| Total Income | | | | | | | |
| Pay | | | | | | | |
| Non Pay | | | | | | | |
| Positive/(Negative) Contribution to Overheads | | | | | | | |

Position Graph

The below graph plots out the year to date actual positions, along with the planned position.

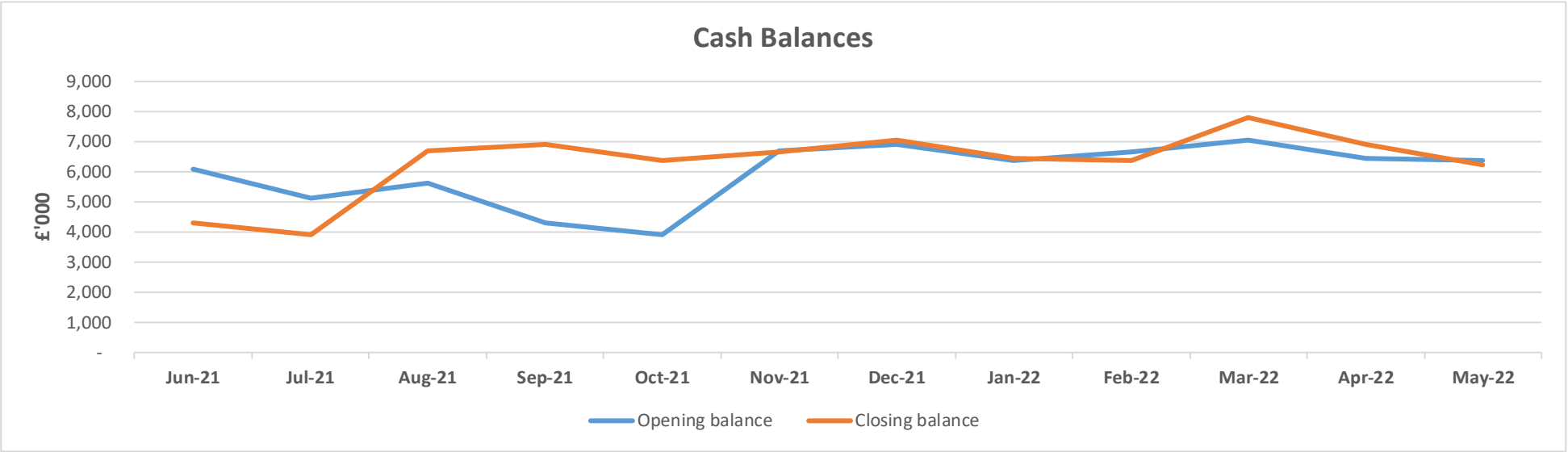


Source: E-Financials

Author: Head of Finance

App 10 Cash Position

| | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Opening balance | 5,640 | 4,310 | 3,921 | 6,716 | 6,911 | 6,371 | 6,673 | 7,067 | 6,441 | 6,395 | 7,798 | 6,915 |
| Closing balance | 4,310 | 3,921 | 6,716 | 6,911 | 6,371 | 6,673 | 7,067 | 6,441 | 6,395 | 7,798 | 6,915 | 6,221 |



Source: Bank Statements
Author: Head of Finance

App 11 Efficiency Position

Efficiency Plans Summary

Source: Efficiency Monitoring Tool
Author: Head of Finance

App 12 Quality and Patient Safety
Friends & Family Test

| "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" | | | |
|---|--------|--------|--------|
| | Mar-22 | Apr-22 | May-22 |
| Extremely Likely | 61.0% | 58.7% | 64.1% |
| Likely | 15.6% | 16.3% | 16.3% |
| Neither Likely or Unlikely | 4.2% | 4.8% | 4.6% |
| Unlikely | 5.0% | 5.0% | 3.7% |
| Extremely Unlikely | 13.0% | 13.6% | 9.8% |
| Don't know | 1.3% | 1.6% | 1.5% |

Source: Synapta / Extended Access MJog surveys / Sefton Practices iPlato surveys
 Author: Business Intelligence Lead / Patient Experience and Engagement Lead

Compliments

| SDU/Dept/Area | Primary & Community Services | | | Out Of Hours (incl Alder Hey) | Internal |
|---------------|------------------------------|-----------------------------|--------------|-------------------------------|----------|
| | Asylum | Daytime Services (incl EAS) | GP Practices | | |
| Apr-22 | 0 | 0 | 3 | 3 | 0 |
| May-22 | 0 | 1 | 7 | 0 | 0 |

Source: Datix
 Author: Health, Safety and Governance Officer (SD) / Quality Governance Officer (CM)

Incidents

| SDU/Dept/Area | Primary & Community Services | | | Out Of Hours (incl Alder Hey) | Internal |
|---------------|------------------------------|-----------------------------|--------------|-------------------------------|----------|
| | Asylum | Daytime Services (incl EAS) | GP Practices | | |
| Apr-22 | 0 | 0 | 5 | 32 | 3 |
| May-22 | 0 | 4 | 6 | 27 | 4 |

Source: Datix
 Author: Health, Safety and Governance Officer (SD) / Quality Governance Officer (CM)

Complaints not resolved within 25 days

During the month of April 2022, there were 13 complaints responded to. Of these 13, 12 breached the 25 working day response target timeframe.

During the month of May 2022 there were 7 complaints responded to. Of these 7, 5 breached the 25 working day response target timeframe.

Source: Datix
 Author: Health, Safety and Governance Officer (SD) / Quality Governance Officer (CM)

Safeguarding reports

Total number of incidents reported during April 2022 was 40; of these 40, 2 contained safeguarding concerns. 1 of these incidents were reported to Safeguarding Services.

Total number of incidents reported during May 2022 was 41; of these 41, 2 contained safeguarding concerns. Both of these were referred to Safeguarding Services.

Source: Datix
 Author: Health, Safety and Governance Officer (SD) / Quality Governance Officer (CM)

App 13 Complaints/concerns received

| First received | Service/Team | Site | Subject (primary) | Sub-subject (primary) | Current Stage | Area | Sub type | Outcome code | Closed |
|----------------|-------------------------|--------------------------|-------------------|--------------------------------------|---------------------|------------|-----------------|---------------|------------|
| 01/04/2022 | Primary Care Streaming | Royal Liverpool Hospital | Care and support | Treatment | Actioned and Closed | Liverpool | Level 2 (Amber) | Not Upheld | 25/05/2022 |
| 01/04/2022 | Sefton Primary Care | Maghull GP Practice | Care and support | Delay in making contact with patient | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 03/05/2022 |
| 05/04/2022 | Sefton Primary Care | Crosby GP Practice | Care and support | Appointment availability | Actioned and Closed | Sefton | Level 2 (Amber) | Partly Upheld | 22/06/2022 |
| 05/04/2022 | Sefton Primary Care | Thornton GP Practice | Medication | Prescribing | Actioned and Closed | Sefton | Level 2 (Amber) | Not Upheld | 05/05/2022 |
| 05/04/2022 | Out of Hours | Wavertree HQ | Care and support | Delay in making contact with patient | Actioned and Closed | Warrington | Level 2 (Amber) | Upheld | 12/04/2022 |
| 07/04/2022 | Sefton Primary Care | Maghull GP Practice | Care and support | Appointment availability | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 27/05/2022 |
| 11/04/2022 | Sefton Primary Care | Crossways GP Practice | Communication | Documentation | Actioned and Closed | Sefton | Level 2 (Amber) | Not Upheld | 22/06/2022 |
| 11/04/2022 | Sefton Primary Care | Litherland GP Practice | Care and support | Treatment | Actioned and Closed | Sefton | Level 2 (Amber) | Partly Upheld | 07/06/2022 |
| 12/04/2022 | Sefton Primary Care | Thornton GP Practice | Care and support | Treatment | Actioned and Closed | Sefton | Level 2 (Amber) | Not Upheld | 13/06/2022 |
| 13/04/2022 | Sefton Primary Care | Crosby GP Practice | Care and support | Appointment availability | Actioned and Closed | Sefton | Level 2 (Amber) | Partly Upheld | 22/06/2022 |
| 19/04/2022 | Sefton Primary Care | Litherland GP Practice | Attitude | Professionalism | Under Investigation | Sefton | Level 2 (Amber) | | |
| 19/04/2022 | Out of Hours | Wavertree HQ | Care and support | Delay in making contact with patient | Actioned and Closed | Liverpool | Level 2 (Amber) | Upheld | 05/05/2022 |
| 22/04/2022 | Sefton Primary Care | Litherland GP Practice | Care and support | Treatment | Actioned and Closed | Sefton | Level 2 (Amber) | Partly Upheld | 29/06/2022 |
| 25/04/2022 | Sefton Primary Care | Litherland GP Practice | Referrals | Referral to appropriate services | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 29/06/2022 |
| 26/04/2022 | Sefton Primary Care | Crosby GP Practice | Care and support | Appointment availability | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 29/06/2022 |
| 26/04/2022 | Out of Hours | Wavertree HQ | Care and support | Delay in making contact with patient | Actioned and Closed | Warrington | Level 2 (Amber) | Upheld | 17/06/2022 |
| 27/04/2022 | Primary Care Streaming | Royal Liverpool Hospital | Attitude | Offhand / rude | Under Investigation | Liverpool | Level 2 (Amber) | | |
| 29/04/2022 | Sefton Primary Care | Maghull GP Practice | Care and support | Treatment | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 27/06/2022 |
| 04/05/2022 | Sefton Primary Care | Maghull GP Practice | Care and support | Appointment availability | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 30/06/2022 |
| 13/05/2022 | Sefton Primary Care | Crossways GP Practice | Communication | Telephony issues | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 29/06/2022 |
| 16/05/2022 | Sefton Primary Care | Thornton GP Practice | Care and support | Appointment availability | Under Investigation | Sefton | Level 1 (Green) | | |
| 16/05/2022 | Extended Access Service | Wavertree HQ | Care and support | Delay in making contact with patient | Actioned and Closed | Liverpool | Level 2 (Amber) | Not Upheld | 30/06/2022 |
| 16/05/2022 | Sefton Primary Care | Litherland GP Practice | Care and support | Delay in making contact with patient | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 24/06/2022 |
| 19/05/2022 | Out of Hours | Wavertree HQ | Care and support | Support provision | Actioned and Closed | Liverpool | Level 2 (Amber) | Not Upheld | 21/06/2022 |
| 19/05/2022 | Sefton Primary Care | Crossways GP Practice | Policy/Procedure | Unfair | Acknowledged | Sefton | Level 2 (Amber) | Upheld | |
| 20/05/2022 | Sefton Primary Care | Crosby GP Practice | Staffing | Under-staffing | Under Investigation | Sefton | Level 1 (Green) | | |
| 25/05/2022 | Sefton Primary Care | Crosby GP Practice | Staffing | Under-staffing | Acknowledged | Sefton | Level 3 (Red) | | |
| 25/05/2022 | Sefton Primary Care | Crossways GP Practice | Communication | Telephony issues | Acknowledged | Sefton | Level 2 (Amber) | | |
| 30/05/2022 | Sefton Primary Care | Thornton GP Practice | Care and support | Treatment | Actioned and Closed | Sefton | Level 2 (Amber) | Upheld | 04/07/2022 |
| 31/05/2022 | Sefton Primary Care | Seaforth GP Practice | Care and support | Treatment | New Record | Sefton | Level 2 (Amber) | | |
| 31/05/2022 | Out of Hours | Wavertree HQ | Communication | Signposting of services | Acknowledged | Internal | Level 1 (Green) | | 01/06/2022 |

Source: Datix

Author: Health, Safety and Governance Officer (SD) / Quality Governance Officer (CM)

Staff Turnover and sickness

| PC24 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 |
|--|---------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Start of Month Staff Numbers | 216 | Not supplied | 218 | 217 | Not supplied | Not supplied | 227 | 226 | 232 | 231 | 231 | 240 |
| Starters | 6 | Not supplied | 6 | 2 | Not supplied | Not supplied | 3 | 9 | 2 | 6 | 15 | 6 |
| Leavers | 6 | Not supplied | 6 | 4 | Not supplied | Not supplied | 5 | 3 | 3 | 6 | 6 | 3 |
| TUPE | | Not supplied | 0 | 0 | Not supplied | Not supplied | 0 | 0 | 0 | 0 | 0 | 0 |
| Staff in probation period | 37 | Not supplied | 20 | 20 | Not supplied | Not supplied | 34 | 34 | 36 | 30 | 47 | 36 |
| Staff due to receive appraisal | 179 | Not supplied | 0 | 0 | Not supplied | Not supplied | 226 | 269 | Not supplied | Not supplied | Not supplied | Not supplied |
| End of Month Staff Numbers | 216 | Not supplied | 219 | 216 | Not supplied | Not supplied | 226 | 232 | 231 | 231 | 240 | 243 |
| Hours Lost Due to Sickness | 1957.44 | Not supplied | 1884.24 | 1830.66 | Not supplied | Not supplied | 495.25 | 599.25 | 1415 | 2261 | 1901.5 | 3757.5 |
| Total Hours of work | 26099 | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |
| Sickness % rate | 8% | Not supplied | 7.28% | 7.35% | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |
| Staff Turnover Rate | 2.78% | Not supplied | 2.75% | 1.85% | Not supplied | Not supplied | 2.21% | 1.31% | 1.30% | 2.60% | 2.55% | 1.24% |
| Annualised Staff Turnover rate | 33.3% | Not supplied | 33.0% | 22.2% | Not supplied | Not supplied | 26.5% | 15.7% | 15.6% | 31.2% | 30.6% | 14.9% |
| Rolling Annualised Staff Turnover rate | 27.4% | Not supplied | 30.1% | 30.2% | Not supplied | Not supplied | 27.6% | 28.0% | 27.9% | 23.1% | 21.0% | 18.6% |

Source: Rotamaster

Author: HR Manager (PM) / Interim Director of People (JB)

Appraisal compliance (figures re-calculated Sep 2018 to count 'staff requiring appraisal' rather than 'total staff')

| | | | | | | | | | | | | |
|---------------------------------|-------|--------------|--------------|--------------|--------------|--------------|--------------|-------|--------------|--------------|--------------|--------------|
| Appraisals completed in date | 81 | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | 66 | Not supplied | Not supplied | Not supplied | Not supplied |
| Total staff requiring appraisal | 179 | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | 226 | 269 | Not supplied | Not supplied | Not supplied | Not supplied |
| | 45.3% | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | 24.5% | 29% | 37% | 81% | 82% |

Source: Rotamaster

Author: HR Manager (PM) / Interim Director of People (JB)

Mandatory training compliance

| | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Courses due to be completed by end of working month | 2698 | 2670 | 2597 | 2612 | 2621 | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |
| Courses completed by end of working month | 2359 | 2316 | 2231 | 2223 | 2238 | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |
| | 87.4% | 86.7% | 85.9% | 85.1% | 85.4% | 81.0% | 81.0% | 79.0% | 74.0% | | 75.0% | |

Source: Rotamaster/E-learning portal





Author: Training Manager / Trainer / Interim Director of People (JB)

Corporate and local induction compliance

| | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Corporate induction | 69.0% | 69.0% | 77.4% | 85.3% | Not supplied | Not supplied | Not supplied | 77.0% | 78% | 78% | Not supplied | Not supplied |
| Local induction | 89.7% | 93.1% | 22.6% | 26.5% | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |

Source: internal Training Team log

Author: Training Manager / Trainer / Interim Director of People (JB)

| Service Delivery | App. ref | Target | YTD (from Apr) | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Trend |
|--|----------|--------|----------------------|--------------|--------------|--------|--------|--------|--------|--------------|--------------|--------------|--------------|--------------|--------------|---|
| Sefton GP practices - % Clinical cover (medical) | | - | - | Not supplied | Not supplied | 60% | 81% | 75% | 66% | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |  |
| Sefton GP practices - % Clinical cover (non-medical) | | - | - | Not supplied | Not supplied | 61% | 70% | 79% | 72% | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied | Not supplied |  |
| Sefton GP practices - appointment utilisation overall (appts booked of those available) (from Aug 21 includes Meds management appts) | | 77.3% | 77.3% | 93.9% | 93.3% | 90% | 90% | 81.6% | 78.4% | 76.9% | 73.4% | 72.9% | 78.2% | 76.3% | 78.3% |  |
| Sefton GP practices - appointment overall DNA rate (from Aug 21 includes Meds management appts) | | 7.3% | 7.3% | 2.8% | 3.8% | 5% | 4% | 4.4% | 4.2% | 7.7% | 6.6% | 6.6% | 8.1% | 6.5% | 8.1% |  |



CLINICAL WORKFORCE STRATEGY 2022-2025

Dr Mary Ryan | Chief Executive Officer

Marie Hart | Director of Nursing

June 2022

Contents

| | Page |
|--|------|
| 1. Introduction | 3 |
| 2. Challenges & Opportunities | 4 |
| 3. Vision & Values | 5 |
| 4. Primary Care workforce | 6 |
| 5. Urgent Care | 7 |
| 6. PC24 Services | 8 |
| 7. Clinical staff roles | 9 |
| 8. Employment models | 10 |
| 9. Clinical staff & skill mix | 12 |
| 10. Future skill mix | 14 |
| 11. How to achieve our clinical workforce vision | 15 |
| a. Recruit | |
| b. Train | |
| c. Develop | |
| d. Support | |
| 12. Monitoring & reporting | 23 |
| 13. Responsible Officers | 23 |

1. Introduction

RIGHT SKILLS, RIGHT PLACE, RIGHT TIME

As Primary Care 24 (PC24) approaches the work of a new Strategic Plan, and faces into the post-Covid healthcare landscape, it is clear that clinical workforce sustainability remains a challenge not just for the organisation, but for the wider NHS as a whole. The challenge to clinical workforce is widely acknowledged nationally and locally, with a requirement to maximise both recruitment and retention in order to create a sustainable workforce for the future

PC24 is a diverse organisation, offering several services across Cheshire and Merseyside. We respond to commissioner requests for new services and pride ourselves on our ability to respond quickly and effectively to demand.

To continue to do this, however, we need to look at innovative ways of developing and sustaining our clinical workforce to find a sustainable pipeline of clinicians who are willing and able to work in our services and provide the quality and standard of care we expect.

The development of this 2022-2025 workforce strategy seeks to set out the challenges faced in developing and sustaining a modern, safe and resilient workforce capable of meeting the needs of the PC24 growth/developments and to meet the needs of the population in Cheshire and Merseyside. Consideration will be given to both the challenges and the opportunities for the future and re thinking different workforce models which will support the wide scope of PC24 service delivery.

This strategy aligns with PC24s Clinical Education Strategy as part of the Organisations strategic objectives.

PC24 is committed to working within the Integrated Care Organisation, with our key stakeholders to work collaboratively through the key challenges and solutions. In practical terms looking at working closer with the PCNs, ARRS and other initiatives such as joint training hubs and rotational posts across providers. We aim to strengthen the commitment to be a key system player, providing the best care for the population we serve.

2. Challenges and opportunities

Several factors make recruitment to organisations such as ours difficult:

- The overall inability of the NHS to recruit more General Practitioners (GPs) and Primary Care workforce in general hampers efforts to make OOH work a part of all offers.
- The national challenges with nurse shortages, an ageing workforce, lack of new entrants to the occupation and increasing workloads
- The continued issues with an unregulated payment system for clinicians in the OOH space, making financial planning and budgeting almost impossible
- The demands and expectation of patients continuing to rise with increasing levels of abusive behaviour towards clinicians who are constrained by the system.
- The growing competition in general as all providers are 'fishing from the same pool'.
- The changing expectations of clinicians as more and more people are taking the offer of agency work at higher rates of pay and flexibility.

As the overall number of GPs remains static or indeed falls, across the system, the numbers of Advanced Clinical Practitioners (ACPs) entering the Primary Care workforce is slowly increasing. Comprised mostly of nurses, pharmacists and paramedics with additional clinical training and the ability to assess and treat patients presenting to urgent care settings, this workforce is increasingly entering Primary Care in many instances as a method of gaining some work balance in the increasingly challenging world of emergency care (Emergency Departments, Ambulance service).

PC24 need to take advantage of this movement and ensure it is ready and able to recruit and retain clinicians from diverse backgrounds.

PC24 needs to be agile and flexible in its approach to clinical workforce. We need to:

- Offer clinicians the ability to work remotely
- Pay clinicians appropriate rates of pay and pay them promptly
- Encourage ACPs to join PC24 and offer them a supportive and structured workplace
- Develop of own existing Nursing workforce with opportunities and attractive career progression opportunities and development plans into advanced practice.
- Work with our local Higher Education Institutes to maximise training development and preceptorships of newly qualified nurses
- Offer flexible contracting arrangements to suit all circumstances, while remaining cognisant of the issues surrounding employment and IR35.


This clinical workforce strategy will draw together the aims and objectives for PC24 over the coming years. It will be a 'live' document, reviewed bi-annually as a minimum and crucially, will be flexible as the workforce in the Primary and Urgent Care spaces develops

3. PC24 Vision and Values



It is vital that and work aligns with the overall strategy for PC24.

Workforce is one of the 5 areas which the overall strategic plan focuses on. We have identified our larger workforce as an area that needs focus and input over the next 3 years and this is particularly true in terms of our clinical workforce. Without adequate clinicians, all our services are threatened and achieving our other aims and objectives become even more challenging.



Workforce

Our goal is to create a highly skilled, engaged and sustainable workforce for Primary Care 24

To do this, our objectives are to

- ✓ Focus on attraction, recruitment, retention and talent management at an individual and team level, working in partnership to secure our future workforce supply.
- ✓ Using the appraisal process, ensure our colleagues are heard, valued and influential in the organisation
- ✓ Deliver a fully articulated and costed plan for Clinical Workforce, including plans to reduce agency usage and incentivise clinicians to take on other roles.
- ✓ Develop our Education & Training Plans for clinical and non-clinical staff, supporting them to develop and improving retention
- ✓ Specifically develop the Nursing and Advanced Care Practitioner workforce to deliver true Multi-Disciplinary Team working at PC24
- ✓ Work closely with system partners and education providers to optimise funding and training that enables workforce transformation
- ✓ Ensure our organisational structures are fit for purpose, deliver what the organisation needs and are fair and equitable.
- ✓ Deliver the aims and objectives of our PEOPLE PLAN as an organisation

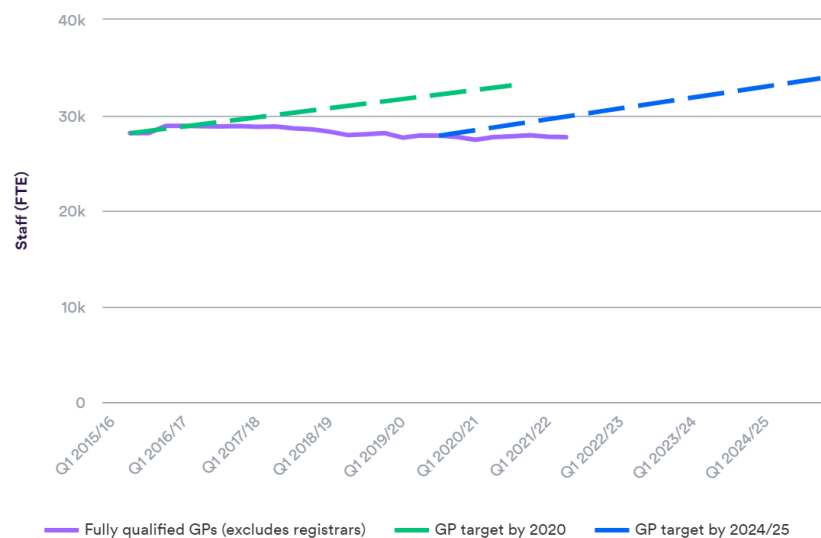
4. Primary Care Workforce

The Five Year Forward View (2014) described how the NHS needed to evolve in order to meet the challenges of people living longer with more complex needs as well as take advantage of the opportunities brought by new technologies to improve care. It acknowledged the need for an appropriately skilled workforce that is able to deal with today's challenges and adapt to changing models of care.

The General Practice Forward View (2016) focuses on the transformation and stabilisation of General Practice. It describes a bold ambition to create an extra 5,000 GPs and 5,000 non-medical staff across England over five years (to 2021), growing the workforce and improving the use of wider, multidisciplinary workforce.

The ongoing challenges in the primary care workforce are well documented - since 2009 total numbers of GPs have fallen whilst the number of hospital consultants has risen by a third; in September 2017 there were 33,302 full-time GPs, 1,290 fewer than 2 years before; and the number of GP surgeries has reduced from 7,674 from 8,451 ten years earlier.

Despite targets and grand statements, the recruitment of GPs has been static for many years now.



The Interim NHS People Plan (2019), outlines plans to make the NHS the best place to work, improve the leadership culture, tackle the nursing challenge, deliver 21st Century Care and embed a new operating model for workforce.

General Practice Nursing has also seen a significant changes including the introduction of new roles in the Primary Care setting. With a shift from hospital to community care, there is an emphasis on multi-professional, multi- agency working to deliver a high standard of care to manage patients effectively at home.

Primary Care Networks (PCNs) were introduced as part of the NHS Long Term Plan. GP practices were able to join networks with populations of around 30,000-50,000 populations to create fully integrated community-based health services. The PCNs will be required to deliver seven national service specifications and will receive funding for new roles. We are already seeing examples of PCNs looking to partner with PC24 to provide services. However, there is a risk that staffing these services will fall to PC24 in an already challenged space and delivery will prove extremely difficult without a robust plan for clinical workforce.

Laudable as efforts have been to shape Primary Care in England, it is notable that OOH care or enhanced Primary Care offers are rarely- if ever – referred to. From its inception in 2004, the GP contract has allowed GPs to drop out-of-hours (OOH) work if they wished to in return for a reduction in practice income (£6000 p.a. or £16 / day), transferring the responsibility for provision of urgent medical care outside of hospitals to commissioners.

A review conducted by *GP Magazine* in 2013 revealed no appetite for most GPs to take back OOH work, and indeed many cited an intention to leave practice altogether if this were imposed.

Despite this, PC24 has managed to retain a cohort of clinicians who are committed and keen on both daytime primary care and urgent care work. We need to further understand what attracts these clinicians to PC24, describe it and create an identity for this workforce that they can be proud of.

5. Urgent Care

| <i>Urgent Care</i> |
|--|
| <i>The diagnosis and treatment of medical conditions which are serious or acute, pose no immediate threat to life and health, but which require medical attention within 24 hours.</i> |

Urgent Care makes up the majority of services provided by PC24 and is therefore worthy of attention as a concept. Urgent Care is rapidly developing its own identity in the UK. The focus on keeping patients out of the hospital system, supporting them to stay in their own homes and delivering increasingly complicated treatments at home is vital if the NHS is going to survive into the next decade. A changed delivery model for care is urgently needed and recovery post pandemic only brings this into sharper relief.

Other countries have shown the way. The medical specialty of Urgent Care is developing in New Zealand and this provides useful leadership as the concept develops in the UK

6. PC24 Services

PC24 offers a range of services, covering a population of 1.3m people across Merseyside. Our services run 24/7/365 and vary from health assessments to urgent care and daytime primary care practice.

Our ability to offer a range of services to our workforce allows us to be flexible in terms of types of work and hours offered. Our offers need to be clear and the flexibility we offer made clear to prospective employees.

GP Out of Hours

Liverpool, Halton, Knowsley, Warrington, Sefton and part of St Helens.

This service operates when GP surgeries are closed, providing telephone triage or face-to-face care for patients with urgent medical needs that cannot wait until their GP practice is open. Patients who require urgent medical attention outside of their usual GP opening hours can telephone NHS 111 who will undertake a basic assessment of their clinical need then transfer the case to PC24 for further clinical input.

Extended Access

Knowsley, Liverpool and St Helens

We provide Extended Primary Care Access services to around 750,000 patients, supporting local GP practices to meet the increasing demand on primary care. We provide additional GP and nurse appointments 7 days a week.

Primary Care Streaming Liverpool

We support two local Emergency Departments in the Liverpool area by providing additional provision for patients who present at ED with primary care needs, helping to relieve the overall pressure on these departments.

Clinical Assessment Service (CAS)

Liverpool, Halton, Knowsley, Warrington, Sefton and St Helens.

Alongside our colleagues at NHS 111, we support the provision of the Clinical Advice Service 24 hours a day, seven days a week. Patients who contact NHS 111 with pre-defined conditions, who would usually be referred to ED, are now referred to us for a further assessment by one of our team.

Intermediate Care Knowsley

We provide GP support to patients who have been temporarily admitted to an intermediate care beds at two local nursing homes. These patients are assessed by PC24 clinicians, who liaise with the nursing home's Multi-Disciplinary Team to ensure the patient gets the appropriate care and support.

GP Practices Sefton

PC24 provides primary care services to a combined patient population of over 20,000 across our 7 GP practices in South Sefton. PC24 has continued to move towards a new model of care across our practices, with a new telephony system being rolled out in early 2022.

Asylum Service Liverpool

We provide nurse-led health screening and GP medical assessments to refugees and asylum seekers who have recently arrived in Liverpool. During 2021 we have continued to strengthen our relationships across the city working closely with MerseyCare Foundation Trust, Liverpool University Foundation Trust, NHS Health England and a number of charitable organisations to support collaborative working.

7. Clinical Staff Roles at PC24

General Practitioner

- Medical degree
- 2 years general post graduate training
- 3 years specialist post graduate training in General Practice
- Completed examinations of Royal College of General Practitioners

GP Registrar

- Medical degree
- 2 years general post graduate training
- 2 years specialist post graduate training in General Practice
- Completing training year in practice, undertaking examinations

Advanced Clinical Practitioner / Advanced Paediatric Nurse Practitioner

- Nursing/AHP degree
- MSc in Advanced Clinical Practice
- Portfolio of practice
- V300 Non-Medical Prescriber

Nurse Clinician/Urgent Care Practitioner

- Nursing degree
- Advanced clinical training
- Working towards V300

Advanced Paramedic

- Basic degree
- Registered Paramedic
- MSc in Advanced Paramedic Practice
- V300 Non-Medical Prescriber

Clinical Pharmacist

- Pharmacy degree
- MSc in Advanced Clinical Practice
- V300 Non-Medical Prescriber

Nurse Associate

- Level 4 training
- Registered on Nursing Midwifery Council (NMC) register

8. Employment Models

PC24 offers several employment models to clinicians, depending on their circumstances.

The recent investigation by HMRC with regard to IR35 and the employment status of doctors working in organisations such as PC24 is ongoing, with no indication as yet about how they will define these roles.

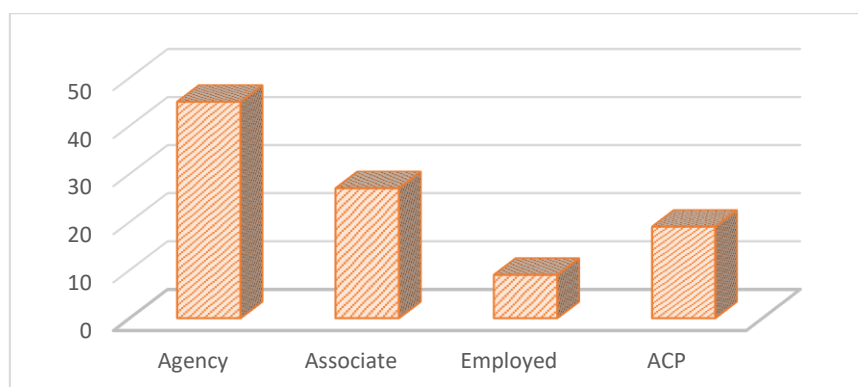
For now, PC24 continues to treat GPs as 'off payroll' and as such independent contractors.

Other clinical roles however are employed by the organisation as they are dependent on a degree of supervision and may seek support from a senior as part of their work.

Comparison of employment models:

| | Associate clinician | Salaried clinician | Agency clinician |
|-------------------|---|------------------------------------|--|
| Shift pattern | Working ad hoc shifts for the organisation | Defined work pattern | Working via third party |
| Shift booking | Booking shifts via Rotamaster | Ring-fenced, regular shifts | Ad hoc shifts at PC24 discretion |
| Deductions | Pension paid, but other deductions not made at source | All PAYE deductions made at source | PC24 charged by agency, who deal with any deductions |
| Employee Benefits | None | Yes | None |

Current % of clinicians employed (May 2022) – all services:



A reduction in the amount of agency usage is an ongoing priority for PC24.

Not only do agency staff carry risk as they often don't know the local area and therefore don't understand local protocols, but the organisation bears an increased cost for these clinicians. As the clinical workforce strategy embeds, a key outcome will be a reduction in agency usage and a better understanding from ACPs of the associate model. The increase in a salaried workforce also has the added benefit of ownership and a sense of belonging to the PC24 which will support the developments and sustainability within PC24.

9. Clinical staff and skill mix

Current Staff

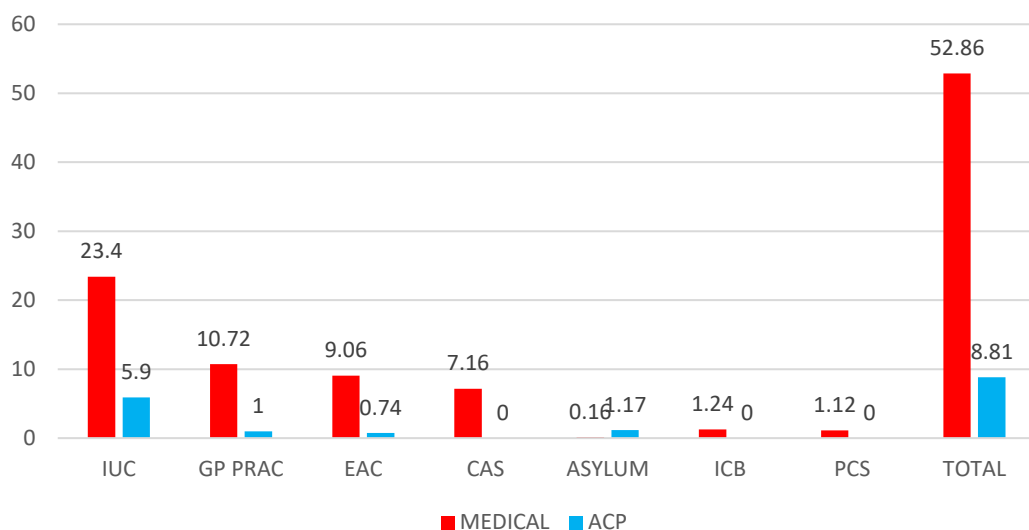


Clinical staff numbers are outlined above (February 2022).

Currently at PC24, the vast majority of staff come from a medical background, with only 8.8 WTE Advanced Clinical Practitioners working across all services, on a total clinician requirement of just under 62 WTE.

Not only is this an expensive model, it does not address the issues discussed above with a changing workforce and much more emphasis being placed on a multi-disciplinary, multi-professional approach.

MEDICAL VS ADVANCED CARE PRACTITIONER SPLIT - CURRENT



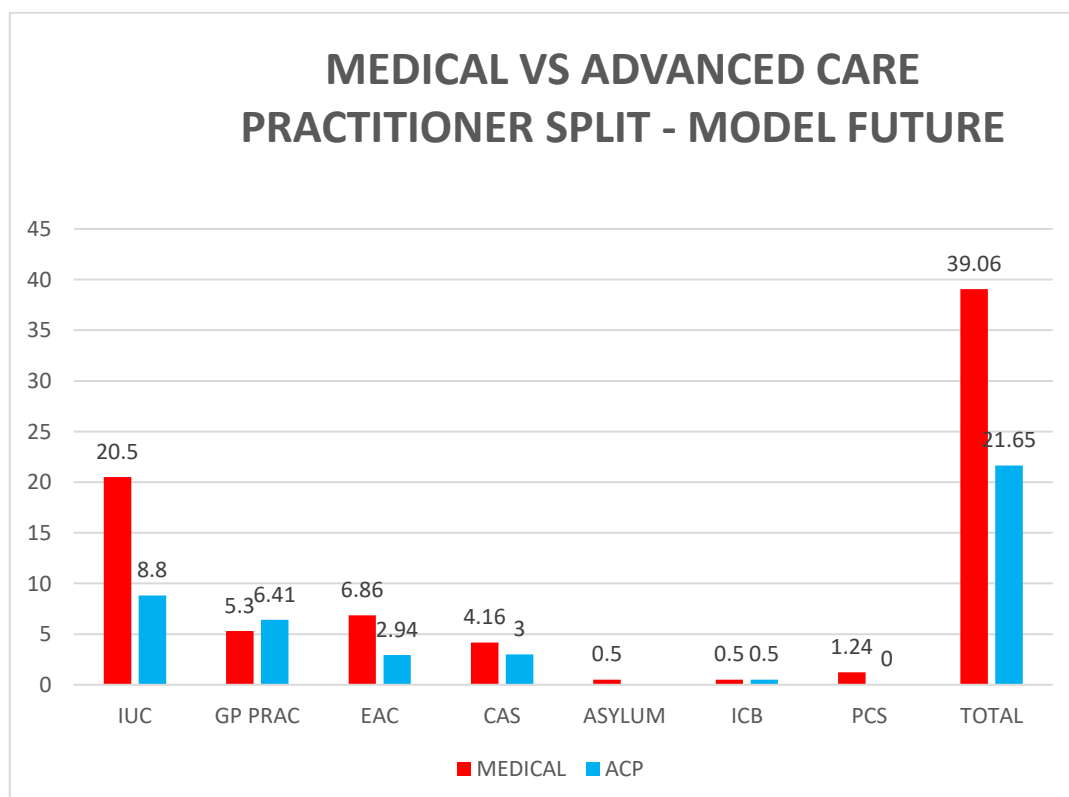
10. Future Skill Mix

In planning for the future, PC24 needs to re-shape its clinical workforce and primarily develop the ACP offer. We aim to significantly reduce – though not fully close- the current gap between medical and non-medical practitioners.

There are some restrictions on making our workforce fully ACP:

- Overall, ACPs deal with fewer calls and cases per hour than GPs, reducing service productivity.
- Some patients are excluded from ACP practice at present (e.g. pregnant women) and so medical practitioners will also be required.
- ACPs are also in short supply and recruitment is challenging for this group also.
- Evidence suggests a multi-disciplinary workforce with complimentary skills and experience allows organisations to offer the best quality care to patients.
- Maximise the Nursing/AHP contribution across the key areas within PC24 to ensure the right skills, in the right place at the right time.

We also need to consider additional roles and specialities to support new pathways within PC24. E.g. Mental Health Practitioners, Paediatric ACP and Respiratory Specialists. This will divert the general calls and free up capacity as these calls are streamed to the specialists pathways.



11. How to achieve our clinical workforce vision - Our Strategic Aims

- We will aim to recruit at pace and scale with innovative approaches
- We will retain our workforce by training, developing and supporting our people
- We WLL provide a compassionate and inclusive culture to inspire at all levels
- We will support to deliver high quality care in the most effective and efficient way
- We will ensure that our workforce are trained in all areas of the PC24 business to provide a level of organisational resilience and ongoing opportunities and developments for our people
- We will maximise all opportunities by working with key stakeholders, with the PCNs, with the ARRS and extended teams
- We will look at growing our own staff as a workforce solution



11a.RECRUIT

PC24 will recruit high quality clinicians to deliver excellent services within multi-disciplinary teams

| Aim | How we will get there | Who will do it |
|---|--|---|
| <p>Increase consistency in recruitment</p> <p>Clinicians will easily understand what PC24 can offer them.</p> | <ul style="list-style-type: none"> • Programme of rolling advertising, featuring benefits of working for PC24. • Effective use of social media | Human Resources (HR), Communications Team |
| Raise PC24 profile. Make PC24 an attractive place to work. | <ul style="list-style-type: none"> • PC24 website contains easily accessible recruitment information • Development of branding and PR materials to support recruitment | Communications, HR |
| Easy application to PC24 and efficient on-boarding process. | <ul style="list-style-type: none"> • Applications from clinicians accepted by direct approach and CV – remove insistence on NHS jobs. • Consider focused recruitment events to speed up the process and make applications easy and timely. • Shorten and refine the on-boarding process for all clinicians and ensure applicants are fully communicated | HR |
| Maximise recruitment opportunities. | <ul style="list-style-type: none"> • Active engagement of GP registrars as they pass through PC24 in Year 3 • Work with Higher Education institutes to offer Nursing Placements and preceptorship | Education Team |

| | | |
|--|--|-------------------------|
| <p>ACPs see PC24 as a great employer and an attractive place to work</p> <p>Promote PC24 as an attractive career destination and as a model of excellence in managing out of hospital care</p> | <ul style="list-style-type: none"> • More understanding of what ACPs want to see in offers. • Provide a clear Nurse /AHP career structure – PC24 offer • Market and aspire PN as a first career destination by offering a support/training package and clear career progression opportunities. Work with the system to do this. • To explore and outline innovative ways to attract new nurses to the practice nurse workforce. PN with some specialist interest to support the model (e.g., Long term conditions lead, Vaccinations lead). Build this into the workforce plan. | <p>Nursing & HR</p> |
| <p>Introduction of new roles/innovation:</p> | <ul style="list-style-type: none"> • Continue to review the workforce requirements to support service delivery and the needs of the population. E.g. First Contact Practitioner (physiotherapist) to manage patient with MSK problems. Mental Health Practitioners, rotational paramedics. Frailty leads within PC24 primary care sector. • Recruit to a Practice Nurse Lead to support the workforce strategy and to link in with the wider PCNs and to attract more practice nurses to the organisation. To provide leadership and champion PC24 services • Recruit to a Clinical Lead for AHP to drive through | |

| | | |
|--|---|-------------------|
| | leadership and workforce transformation | |
| Clarity of Terms of conditions of employment | <ul style="list-style-type: none"> • Full organisational clarity about Terms & Conditions for each group of clinical staff | PC24 |
| Our community understands what PC24 does | <ul style="list-style-type: none"> • Outreach to local schools and colleges for placements and opportunities to observe. Develop pathways from higher education-preceptorship opportunities. | Medical & Nursing |
| Widen PC24 scope for recruitment | <ul style="list-style-type: none"> • Widen our scope of opportunities. Understand the opportunities and risks to this approach. • Review and consider opportunities with overseas clinicians (Nursing and support staff) • Structured support for newly qualified nurses • Working with the HEI support the pre-reg. nurses with placements increasing the exposure to the organisation. Aim to recruit from this pool by offering preceptorship programmes. • Target return to practice opportunities • Provide attractive and flexible offer | Nursing and HR |

11b. TRAIN

PC24 will offer our clinicians opportunities to upskill, train and learn

We will ensure the provision of high quality learning environment which links with PC24 clinical educational strategy.




(Source: Reshaping the Workforce to Deliver the Care Patients Need, Nuffield Trust in association with NHS Employers, May 2016)

| Aim | How we will get there? | Who will do it? |
|--|--|------------------------|
| All clinicians will be ready and prepared for their role | <ul style="list-style-type: none"> Mandatory training for PC24 offered FOC to salaried clinicians | Training team |
| Support extended training/practice | <ul style="list-style-type: none"> ACPs organisationally and financially supported to undertake V300 prescribing training Training in Clinical modules supported by PC24 | Nursing, Pharmacy Lead |
| Bespoke training | <ul style="list-style-type: none"> PC24 to develop its own training materials, based on organisational need as well | Medical & Nursing |

| | | |
|---|---|--|
| | <p>as advancing practice (e.g. ACP verification of death)</p> <ul style="list-style-type: none"> Consider developing with the PCN and ICB “return to practice” education programmes to meet the NMC requirements | |
| Support/train return to practice | <ul style="list-style-type: none"> Consider developing with the PCN and ICB “return to practice” education programmes , to meet the NMC requirements | |
| Maximise digital offer | <ul style="list-style-type: none"> Promote the use of technology as a core competency within the organisation to ensure PC24 is efficient and maximising its workforce. E.g. Digital MDT supporting across all areas with opportunities using telehealth and video consultations | |
| Increase training opportunities | <ul style="list-style-type: none"> Increase the number of apprentice opportunities, from HCA to NA to RN uplifts as a longer term solution | |
| Development opportunities / Induction and learning experience | <ul style="list-style-type: none"> Clearly defined induction programmes and learning opportunities to ensure that the experience is good and there is adequate opportunities for development | |

11c. DEVELOP

We will ensure all clinicians will be supported to do their best work at PC24

| Aim | How we will get there? | Who will do it? |
|--|--|-------------------|
| All clinicians will be supported to do their best work at PC24 | <ul style="list-style-type: none"> Every salaried clinician to have a PDP and identified development goals | Line managers |
| Provide a clear Nurse /AHP career structure – PC24 offer | <ul style="list-style-type: none"> PC24 to support clinicians to develop skills in Urgent Care Utilise Cheshire and Merseyside GPN framework and training opportunities  <p>PP-GPN-Career-Road map-V7-PDF-5.pdf</p> | Medical & Nursing |
| Increase opportunities | <ul style="list-style-type: none"> Support clinicians who wish to become teachers and trainers within PC24 | Medical & Nursing |
| Increase specialities | <ul style="list-style-type: none"> Develop clinicians with special interests, allowing PC24 to manage our demand more efficiently | Medical & Nursing |

11d. SUPPORT

**PC24 will support all clinicians to deliver excellent care
in the way that best suits them**

| Aim | How we will get there? | Who will do it? |
|--|--|---------------------------|
| PC24 will support all clinicians to deliver excellent care in the way that best suits them | <ul style="list-style-type: none">All Clinicians supported to work remotely for PC24 | Medical, Nursing, Digital |
| Innovation with digital and flexible working | <ul style="list-style-type: none">Develop innovative methods of supporting staff working outside office hours with use of technology and virtual platforms | Medical, Nursing, Digital |
| | <ul style="list-style-type: none">Work collaboratively with clinicians to support portfolio working and work plans that suit individuals | Medical, Nursing, HR |

12. Monitoring and Reporting on this plan

This clinical workforce strategy will, by its nature, be influenced by factors outside the control of PC24.

National policy, the development of the local Integrated Care Board and local demands and requirements will all impact on the services we will be asked to deliver in the future.

It is vital that this strategy remains 'live' and is able to flex in line with demand from outside.

Progress against this plan will be reported to Quality & Workforce committee twice per year and a full review of the strategy undertaken 6 months in advance of its expiry in 2025. Adjustments and additions may occur at any time.

13. Responsible Officers

The Medical Director and Director of Nursing retain ownership of this strategy and will be responsible for any updates.

Our goal is to create a highly skilled, engaged and sustainable workforce for PC24



| | | |
|---|---|---------------------------------------|
| Title: Organisational Change & Redundancy Policy | Meeting Date: 28 July 2022 | Agenda item no: 10.1 |
| Prepared and presented by: Jo Brewin | Discussed by: Quality & Workforce Committee Policy Group | |
| Link to PC24 Values: <input checked="" type="checkbox"/> Respect <input checked="" type="checkbox"/> Dignity <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Compassion CQC Domain References <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led | Resource implications: None | |
| | Purpose of the report: <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting | |
| | Decisions to be taken: The Board is invited to: <ul style="list-style-type: none"> • Approve the Organisational Change & Redundancy Policy. | |

1.0 Purpose:

1.1 The Organisational Change & Redundancy Policy has been reviewed and updated. The Quality & Workforce Committee had an in depth discussion about the removal of pay protection from the policy as part of the review process, noting reasons for offering pay protection and those for excluding it. Having considered the matter, the Committee agreed with the exclusion of pay protection and removed this from the policy title. The re-titled policy is presented to the Board

2.0 Recommendations:

The Board is invited to:

- Approve the Organisational Change & Redundancy Policy.

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Organisational Change & Redundancy Policy

| | |
|---|--|
| Version: | V2 |
| Supersedes: | V1 |
| Date Ratified by Board: | TBC |
| Reference Number: | PC24POL131 |
| Title & Department of Originator: | Director of People |
| Title of responsible Committee / Department: | Quality and Workforce Committee |
| Effective Date: | July 2022 |
| Next Review date: | July 2025 |
| Target audience: | Employed Colleagues |
| Impact Assessment Date: | July 2022 |
| Summary: | This policy sets out Primary Care 24's approach to dealing with organisational change. |

| Version | Date | Control Reason | Title of Accountable Person for this Version |
|---|----------------|--|--|
| V1 | September 2020 | New Policy | HR Manager |
| V2 | September 2022 | Updated | Director of People |
| Reference Documents | | Electronic Locations (Controlled Copy) | |
| | | Policy Folder on S Drive | |
| Consultation: Committees / Groups / Individual | | | Date |
| Quality and Workforce | | | July 2022 |

1.0 PURPOSE

The purpose of this policy is to detail the actions and responsibilities for all parties involved in Organisational Change. A primary aim of the policy is to provide clarity when individual employees are directly affected by organisational change and to facilitate, wherever practicable, the retention of skills within the organisation.

2.0 SCOPE OF THE POLICY

This policy is applicable to all salaried employees of PC24 at any location and includes those employed on full time and part time contracts.

This policy does not apply to bank colleagues, agency workers or contractors.

3.0 RESPONSIBILITIES

3.1 Executive Team:

- Will review and approve any cases for change presented, taking into account the needs of the service, contractual requirements and patient experience
- Will take to the wider Board all cases involving change for a unitary decision to be made in the best interests of the organisation, colleagues and patients
- Have overall responsibility for ensuring that the policy, and all activities relating to organisational change and redundancy, are implemented fairly and consistently across the organisation

3.2 Line Managers:

- Prepare any cases for change for submission to the Executive Team for approval. This must include full costs prior to being implemented.
- Ensure the organisational change is managed under the procedures outlined in this policy

- Engage with the affected employees at the earliest possible opportunity
- Provide ongoing support and encouragement, through regular consultation and meetings

3.3 HR Department:

- Monitor and update the policy in line with changes in legislation
- Provide ongoing support to Managers in implementing the policy ensuring it is applied fairly and consistently
- Ensure that statutory requirements relating to consultation are carried out
- Notify potential redundancies to statutory bodies when legally required to do so

3.4 Employees:

- Attend all consultation meetings related to organisational change
- Ensure the procedure is fully understood and to put forward views and suggestions in relation to the proposed changes

4.0 DEFINITIONS

4.1 Organisational Change:

Organisational change happens when the organisation needs work carried out differently for business related or economic reasons. It occurs when business strategies or departments of an organisation are altered and may affect the working arrangements/practices, workloads, employee requirements and/or the terms and conditions of employment.

There may be occasions when financial pressures, changes in working practices, advances in technology or external factors, have an impact on our workforce. Where this is the case, we will explore alternative measures such as placing restrictions on recruitment, reducing overtime, redeployment and the non-renewal of fixed-term contracts, to avoid a redundancy situation. Where appropriate, we will initially seek volunteers for redundancy. However, despite

our best efforts, certain business situations may arise where compulsory redundancies are unavoidable.

This policy sets out our approach to dealing with potential redundancies. It does not form part of terms and conditions of employment and may be subject to change due to legislative changes or organisational requirements. The policy will be applied fairly and equally to all employees, and without any form of discrimination.

We understand that redundancy situations can be extremely difficult for those affected. This policy aims to set out clearly the process involved and signpost the help and support available.

4.2 Redundancy:

This policy covers situations which meet the definition of redundancy as set out in Section 139 of the Employment Rights Act 1996 as summarised below:

- PC24 ceases, or intends to cease, to carry on the business or part of the business in which an individual is employed
- PC24 ceases, or intends to cease, to carry on the business or part of the business in the place/location of which an individual is employed
- PC24's requirement for employees to do the type work that the individual is doing ceases or diminishes or is expected to cease or diminish
- PC24's requirement for employees to do the type of work an individual is doing in the place/location that they are employed ceases or diminishes or is expected to cease or diminish

4.2.1 Measures to avoid or minimise redundancy

We will consider possible alternative measures to minimise or avoid a redundancy situation. Depending on our business needs at the time, we may explore:

- natural wastage – we would not replace employees who have resigned or retired;

- freezing recruitment – we would not recruit new permanent members of colleagues;
- stopping or reducing the use of temporary workers;
- stopping or reducing overtime;
- freezing or reducing pay;
- offering career breaks or other types of unpaid leave;
- flexible working arrangements;
- retraining or redeploying employees;
- inviting early retirements

4.2.2 Voluntary redundancy

To reduce the need for compulsory redundancies, we may seek volunteers for redundancy.

If the organisation deems that voluntary redundancy is an option we will send voluntary redundancy invitations to relevant employees together with an application form. This opportunity will be available for a defined period and we will confirm the closing date for applications in our communication. Applications will be assessed against a set of objective criteria agreed by the Exec Team, and where required, the wider Board.

Unfortunately, we may not be able to accept all applications for voluntary redundancy and outcomes will be confirmed in writing.

4.3 Redeployment:

For the purpose of this policy, redeployment is the process whereby PC24 finds or tries to find an alternative position for a redeployee. A redeployee is defined as any permanent employee of PC24 who has, or is expected to be, displaced from their post within the organisation. This may come about in one of the following ways:

- PC24 ceases, or intends to cease, to carry on the business or part of the business in which an individual is employed

- PC24 ceases, or intends to cease, to carry on the business or part of the business in the place/location of which an individual is employed
- PC24's requirement for employees to do the type work that the individual is doing ceases or diminishes or is expected to cease or diminish
- PC24's requirement for employees to do the type of work an individual is doing in the place/location that they are employed ceases or diminishes or is expected to cease or diminish

The organisation aims to provide all reasonable support to employees at risk of redundancy in identifying other opportunities within the organisation. This is seen as a positive measure to retain skilled and experienced employees as well as a means of avoiding redundancies.

Once a post has been identified as at risk of redundancy, the recruitment team will email the individual a list / link to all vacancies across PC24. Should the individual wish to be considered for a particular role, the line manager / HR representative must be made aware.

4.4 Communication:

Employee communications is the provision and exchange of information and instructions that enable an organisation to function efficiently and employees to be properly informed about developments.

4.5 Consultation:

4.5.1 Individual Consultation

Consultation is the process by which management and employees or their representatives jointly review and discuss issues of mutual concern. In a redundancy situation, consultation must be meaningful and as such the aim of consultation is to ensure a genuine exchange of views as to why redundancy is being proposed and how it can be avoided.

4.5.2 Collective Consultation:

Collective Consultation is a process under which employers have to consult colleagues representatives as opposed to consulting with them individually. However, colleagues may need to be consulted individually as well, depending on the circumstances.

4.6 Workplace Representatives:

For the purposes of collective consultation, where 20+ employees are at risk of redundancy, PC24 will seek to facilitate a process where individuals are selected to represent their colleagues in collective consultation meetings in order to maintain effective communication between the two parties.

4.7 Suitable Alternative Employment:

Suitable Alternative Employment (SAE) is a position which is offered to a member of colleagues which is comparable to the terms and conditions of their existing post. SAE can either be applied for through the usual channels or, alternatively PC24 can formally offer a position that has been deemed as suitable to an affected employee in writing.

5.0 POLICY PROCEDURES

Where organisational change is proposed, communication with colleagues will be initiated as early as is practicably possible. This will be a two-way process which requires information to flow up from employees as well as down from Managers.

5.1 Organisational change where the proposal does not include a reduction in roles or grades of roles:

Some organisational change may require a change to employees' terms and conditions of employment rather than a reduction in roles or grade of role e.g. change of job roles, change to working hours or a change to contractual payments. A consultation process will take place with affected employees, outlining the rationale for change, before any final decisions are made. If new
PC24 Policy / PC24POL131 / Organisational Change Policy / V2 / July 2022

job roles are part of the change then job descriptions will be drafted and consulted upon as part of the consultation process.

If agreement is not reached with the affected individual(s) and there are no other viable alternatives, a process of termination and re-engagement onto the new terms and conditions of employment will be considered. This will only take place once consultation has been exhausted and as a final measure.

5.2 Organisational change where the proposal does not include an overall reduction in roles but does include a reduction in the grades of roles:

There may be a requirement to change the structure of a department or service which involves a change in the responsibilities and duties of the role and, as such, a change to the grade of its colleagues. Consultation will take place to outline the rationale for change and to evaluate the possibility of Suitable Alternative Employment before any final decisions are made. Any such proposal will be accompanied with a new job description which will be evaluated appropriately and will form part of the consultation process.

If agreement cannot be reached with affected individuals a process of termination and re-engagement may commence as in 5.1 (above).

5.3 Organisational change where the proposal includes a reduction in posts:

Where proposed change involves a reduction in colleague levels, measures will, where possible, be taken to reduce the need for compulsory redundancies e.g. a restriction on recruitment of permanent colleagues, reduction in overtime, freezing vacancies, re-training or redeployment. Before any decision is taken on the implementation of proposals, a process of consultation will take place. Depending on the situation this may also include collective consultation and, if necessary, a process identifying suitable workplace representatives will be undertaken for this purpose.

Where there is to be a reduction in numbers of colleagues, prior to the announcement Managers will, with support from HR:

- Gain financial approval and sign-off for the proposed organisational changes and the financial impact
- Identify the pool for selection for redundancy (where applicable)
- Draft any new or amended job descriptions to be used as part of the process
- Obtain redundancy calculations
- Draft letters to colleagues regarding consultation arrangements and announcements
- Arrange a time and date for the announcement to be made
- Provide ongoing support and encouragement for their colleagues

Once the announcement is made the Manager will arrange to meet with the affected employees to inform them of the proposed changes and the consultation process will commence.

5.4 Consultation Process:

Consultation is the process by which management and employees consult to see whether redundancies can be avoided. This involves taking account of and listening to the views of employees and will take place before any decisions are made. Depending on the situation, PC24 may initiate a process of selection for the appointment of appropriate workplace representatives for the purposes of collective consultation.

Once affected colleagues have been informed of the proposed changes, colleagues will be invited to a consultation meeting. These meetings will usually be carried out collectively. Each affected employee will be entitled to an individual consultation meeting to discuss whether redundancy can be avoided for that individual.

At the start of the consultation process, managers will write to employees in order to:

- Describe the proposed changes and how they will affect colleagues
- Explain the rationale for the proposed changes

- Share the details of the proposed new structure including number of roles, and any posts which are at risk (if applicable)
- Explain the selection criteria and the selection pools (where applicable) to be used
- Give details around how the proposed change will be carried out, including the expected timescales
- Explain the next steps in the process
- Give colleagues an opportunity to ask any questions and air any views
- Describe the right of appeal

Individuals who are absent due to maternity leave, sickness etc. must be contacted and given the opportunity to attend consultation meetings and to give their views.

Once the consultation period is complete and all feedback has been reviewed, a final consultation document will be shared with the affected colleagues. The change will then be implemented on the proposed date. The manager is responsible for confirming the changes and how it affects each colleagues member at this point.

Employees can be accompanied at their consultation meeting by a work colleague or trade union representative. However, it is their responsibility to make these arrangements.

5.5 Consultation Period:

In cases of potential redundancy, consultation must be in line with the statutory requirements detailed as follows:

| No of potential redundancies | Consultation period |
|---|---|
| Less than 20 | No set rules |
| Between 20 and 99 redundancies within 90 days | 30 days before the 1 st redundancy |

| | |
|---|---|
| 100 or more redundancies within 90 days | 45 days before the 1 st redundancy |
|---|---|

Once the consultation period has ended, managers will issue a document that will include a summary of any comments received, the management responses and the new structure and/or working arrangements. It will also include the date of implementation.

5.6 Selection Process for Redundancy:

A selection process will be applied which will take place via competitive selection. Consideration may be given to requests for voluntary redundancy.

The criteria and scoring system will be objective, fair and reasonable and care will be taken to ensure they are not discriminatory, either directly or indirectly. The criteria will be shared with employees during the consultation process.

On completion of the process the employee will receive a letter informing them of the outcome and will include feedback and the scores relating to their selection.

If the employee has been unsuccessful at securing a role in the new structure the letter will inform them that they are now at risk of redundancy. It will also inform the employee that they have the right to challenge the outcome which must be done in writing within 5 working days of receipt of the letter, which will be discussed during a further consultation meeting.

If the employee has been successful in securing a role within the new structure, they will be confirmed in post along with any new terms and conditions included.

Where a member of colleagues is on maternity leave during an organisational change process, Regulation 10 of the Maternity and Paternity Leave Regulations 1999 will apply to the selection process where there are more colleagues than posts in the new structure. Colleagues on maternity leave

should be offered any suitable alternative vacancies and will not be required to go through a selection process.

Once the consultation process is complete and any challenges have been reviewed, if the employee has been selected for redundancy, they will be invited to a meeting to explain their employment will be terminated and why. This will also be followed up by letter.

The letter should:

- Confirm that the employee has not been successful in obtaining a post through the selection process (where applicable)
- Confirm selection for redundancy
- Confirm the end date of employment with PC24
- Give details of the redundancy payment to be received
- Inform the employee that they will be eligible to be considered for redeployment
- Advise the employee that they are entitled to 'reasonable' time off to look for alternative employment during their notice period
- Advise of the employee's right to appeal
- If selection for redundancy is confirmed, written notice of the termination of employment will be given in accordance with the notice period set out in the contract of employment or the statutory minimum notice period, whichever is greater.
- Depending on the circumstances, payment in lieu of notice may be applied instead of working a notice period

5.7 Redundancy Payment:

To qualify for a redundancy payment an employee must have at least 2 years' continuous service with PC24.

Payment will be made in a lump sum and will be paid in accordance with statutory requirements. This payment will be calculated in accordance with the relevant statutory redundancy pay provisions in force at the time. A written

statement will be provided illustrating how redundancy pay has been calculated.

If the payment is eligible for tax deductions, this will be applied at the time of payment.

Employees will not be paid redundancy payments if:

- They are dismissed for reasons of misconduct
- They unreasonably refuse to accept suitable alternative employment.
- They leave their employment before expiry of their notice period (unless early release has been agreed by the organisation in writing)
- They are transferred to another employer under TUPE

5.8 Redeployment/Suitable Alternative Roles:

PC24 will work with employees to identify redeployment or suitable alternative employment for colleagues whose roles have been identified as redundant.

Decisions about offering suitable alternative employment will take into account:-

- Employee skills, aptitude and experience.
- The terms of the proposed role in comparison with the affected role including factors such as pay and location.
- Personal circumstances such as childcare / caring responsibilities and travel time.

If an employee is deemed to be suitable for a role that has already been advertised during the consultation process, they would be automatically offered the position.

Where a vacancy exists in a higher-level post, individuals in the redeployment pool must apply for the role in open competition against other applicants in response to an advertisement.

5.9 Trial Period:

Individuals who are redeployed to a role which involves a different type of work or different terms of employment are entitled to a trial period of not less than 4 weeks.

Where the new role necessitates retraining, this period can be extended by written agreement between the employee and the new Manager before commencing the role.

If during the trial period either the employee or PC24, with good reason, gives notice to terminate the contract the employee will be treated as redundant and, unless other suitable alternative employment has been identified, will be eligible for full redundancy terms based on their previous terms and conditions.

At the end of the trial period, a formal review will take place to assess the employee's performance and to confirm their acceptance of the role as a suitable alternative employment. Acceptance of the role will negate any eligibility for a payment under the redundancy policy.

5.10 Time off for Job Searching:

Employees are entitled to a reasonable amount of time off to look for another job and to arrange training to help find another job, regardless of length of service. Line managers should agree these requests, taking advice from the Human Resources department where necessary.

5.11 Appeals

Where an individual employee is made redundant through this process they may appeal against the decision. This should be done in writing and sent to the Head of People within 10 working days of receiving confirmation of redundancy. In the appeal the employee should state the main reasons why they should not have been selected for redundancy.

The appeal will be heard within 15 working days after the appeal has been received and with at least 5 days' notice for the employee. The process for conducting the appeal will be the same as described in the Disciplinary Policy PC24 Policy / PC24POL131 / Organisational Change Policy / V2 / July 2022

and Procedure. The outcome of the appeal will be given in writing as soon as reasonably practicable and the decision will be final and the process exhausted.

While an appeal is in progress, the contractual period of notice shall continue to run from the original date of notification. Where an appeal is unsuccessful and a redundancy decision is confirmed, employment will terminate on the date specified in the original written notification of redundancy.

If an employee feels that the processes described in this policy have not been followed properly, those concerns should be raised via the Grievance Procedure.

6.0 CONTACT INFORMATION

Any queries or questions around this policy should be directed to either the Line Manager or the HR Department.

7.0 SUPPORT

We understand that redundancy situations can be extremely difficult for all those affected and provide an Employee Assistance Programme (EAP). The EAP is available at any time, day or night, on any day of the year. The programme allows an individual to connect with a counselling and advice provider confidentially and anonymously.

The free phone number is **0800 328 1437** or the services can be accessed using the website www.employeeassistance.org.uk To use the website a login access code is allocated to PC24 which is **urgentcare24**. Use of the phone line and website is confidential and anonymous - the access code simply records how many times the site is visited.

8.0 RELATED POLICIES

Policies which are related and referred to in this Organisational Change Policy are:

- Disciplinary Policy
- Grievance Policy
- Maternity, Paternity and Adoption Policy

9.0 MONITORING COMPLIANCE

The HR Department will monitor any organisational change to ensure that the appropriate consultation period is undertaken at all times, as well as notification of consultation letters to all affected colleagues. Implementation of this policy and progress will be reported to the Quality and Workforce Committee when change occurs.

10.0 EQUALITY AND HEALTH INEQUALITIES

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will maintain equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

12.0 PERSONAL INFORMATION

PC24 is committed to an environment that protects personal information

This policy complies with the Data Protection Act 2018, therefore no Privacy Impact Assessment is necessary.

13.0 MAIN REFERENCES

- Equality Act 2010
- Employment Rights Act 1996
- Maternity & Paternity Leave Regulations 1999
- Transfer of Undertakings (Protection of Employment) Regulations 2018

| | | |
|---|---|---------------------------------------|
| Title: Debtors Policy | Meeting Date: 28 July 2022 | Agenda item no: 10.2 |
| Prepared and presented by: Heledd Cooper | Discussed by: Finance & Performance Committee Audit Committee and Policy Group | |
| Link to PC24 Values: <input checked="" type="checkbox"/> Respect <input checked="" type="checkbox"/> Dignity <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Compassion CQC Domain References <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led | Resource implications: None | |
| | Purpose of the report: <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting | |
| | Decisions to be taken: The Board is invited to: <ul style="list-style-type: none"> • Approve the Debtors Policy. | |

1.0 Purpose:

1.1 The Debtors Policy is a new policy for PC24, which has been developed as part of the implementation of Internal Audit recommendations. The Finance & Performance Committee recommended the policy to the Board for approval.

2.0 Recommendations:

The Board is invited to:

- Approve the Debtors Policy.

Debtors Policy

| | |
|---|---|
| Version | V1 |
| Supersedes: | New policy |
| Date Ratified by Board: | |
| Reference Number: | PC24POL138 |
| Title & Department of originator: | Finance |
| Title of responsible committee/department: | Finance & Performance Committee |
| Effective Date: | |
| Next Review date: | July 2023 (or when there is a change in Policy) |
| Target audience: | Budget holders and Finance Team |
| Impact Assessment Date: | 31 May 2022 |
| Summary | Provision of processes and guidance in relation to funds owed to PC24 |

| Version | Date | Control Reason | Title of Accountable Person for this Version |
|--|----------|---|--|
| 1 | 31.05.22 | First Draft of Policy | Director of Finance |
| | | | |
| Reference Documents | | Electronic Locations (Controlled Copy) | Location for Hard Copies |
| Standing Financial Instructions | | Primary Care 24 Intranet/ Finance Policies folder | Policy File, Wavertree Headquarters |
| Consultation: Committees / Groups / Individual | | | Date |
| Policy Group | | | |

| CONTENTS | Page |
|---|-------------|
| 1 INTRODUCTION | 3 |
| 2 PURPOSE | 3 |
| 3 SCOPE | 3 |
| 4 RESPONSIBILITIES | 3 |
| 5 DEBT RECOVERY STANDARDS & PRACTICE | 4 |
| 6 MONITORING AND COMPLIANCE | 7 |
| 7 TRAINING | 7 |
| 8 EQUALITIES AND HEALTH INEQUALITIES | 7 |
| 9 PERSONAL INFORMATION | 9 |

1. INTRODUCTION

PC24 receives the majority of its income through contracts agreed with commissioners for the provision of primary care services. Clear processes and procedures for agreeing these contracts and collecting the associated income are in place in line with contracts.

Additionally, circumstances will arise where a budget holder agrees to supply goods or services to an individual or organisation and an invoice needs to be raised. This policy sets out the process for the collection of this income.

2. PURPOSE

This document provides detailed guidance to how the collection of income following supply of goods or services is undertaken. It provides guidance on the procedures that are required to be undertaken prior to and during the collection of income.

3. SCOPE

This policy applies to all members of PC24 staff who have responsibility for:

- Debt Management & Recovery
- Raising of Debtors Invoices
- Income collection and this may include Budget Holder and Clinical Staff who submit Invoice Request Forms to the Finance Department
- Approval of Debt Write Offs and Cancellations

4. RESPONSIBILITIES

4.1 Role of the Finance Team

The Finance team is responsible for the management of PC24's Aged Debt and improving the team's systems and procedures.

The Finance team is responsible for collecting invoiced income in accordance with the PC24's Standing Financial Instructions, guidance and procedures. This will include the

monitoring and chasing of debts until payment is received, including where necessary, referral to an external debt collection agency.

4.2 Role of the Budget Holders

Budget holders are responsible for submitting invoice requests to the Finance Department. Budget holders and management accountants are also responsible for completing and supplying all back up information to allow for the timely collection of income.

5. DEBT RECOVERY STANDARDS & PRACTICE

5.1 Agreeing to supply goods or services

Before agreeing to supply any goods or services, the budget holder / management accountants need to ensure that the individual or organisation has the ability to pay and a signed agreement is in place confirming agreement to pay.

Budget holders are also responsible to complete and supply all back up information to the Finance team.

An invoice whether NHS or Non-NHS, should be raised in a timely manner and must highlight or have attached sufficient information to ensure prompt payment. Invoices should be raised as a result of an agreed service or contract with the debtor.

5.2 Payment Arrangements / Settlements

PC24's payment terms are such that the beneficiary of the service or supplied goods shall agree to pay any invoice submitted within 14 days of receipt, unless the contract specifies otherwise.

All invoices should normally be settled by BACS (Bank Automated Clearing System) unless an alternative means of payment has been agreed.

5.3 Outstanding Debts

If an invoice is not settled within the standard 30 days agreed terms, then a statement will be forwarded by the Accounts Receivable team to the organisation or individual concerned, reminding them that payment is due. A telephone chase will also occur.

If the invoice is not settled within a further 30 days then a second reminder letter will be sent stating that the debt is overdue and requesting immediate settlement.

If the debt remains unsettled for a further 30 days, then a final letter informing that transfer of the debt to our external debt collection agency would be sent. If no contact, the account will be considered to be passed onto the debt collection agency after 6 months.

NHS invoices are raised and forwarded to the appropriate NHS body. If agreement is not possible the debtor must formally notify PC24 and dispute the invoice in line with the contract. Budget holders and the Finance team will work collaboratively to resolve any issues and assist in the recovery of the debt.

Note that all invoices under £50.00 raised will be chased, but will not be passed onto the debt collection agency as the debts will be deemed too low for debt collection.

5.4 Debt Queries

All queries that are received by the Finance team from debtors regarding their invoice(s) will be looked into, but if further information is needed the queries will need to be forwarded on to the relevant Management Accountant or Budget Holder or the originator of the debtors request to ensure that the debt raised is correct and validated.

If the originating department agrees to any changes to the sum involved or debtor details, then any changes to the invoice should be made by raising a credit note. Supporting documentation for all credit notes requests should be retained by the Finance team.

The debtor will be advised by the issuing of a credit note and requesting prompt payment of any remaining overdue sums.

All debtor communications will be appropriately recorded within the Accounts Receivable module of the e-financials ledger system.

5.5 Statements

The Finance team will issue statements to all debtors within the first 7 working days of the month.

5.6 Staff Debtors

As public monies are involved PC24 has a responsibility to ensure that all staff debts and staff payroll overpayments are recovered on a timely basis as per the Overpayment Policy.

5.7 Debt Collection Agency

With the exception of NHS debts and debts under £50, all debts which remain for over 6 months will be referred to a debt collection agency for pursuing.

5.8 Write off of Bad Debts

NHS Debts:

When it becomes apparent that a particular charge is not going to be considered by an NHS body, then the terms of the contracts must be reviewed and contract resolution process followed. Where no current contract is in place but services are being provided this should be escalated to the Director of Finance to escalate to the Director of Finance of the recipient NHS body.

Non NHS Debts:

The Finance team will produce an annual schedule of debts considered to be uncollectable and pass this to the appropriate individual for authorisation as per the Corporate Governance Manual:

- Debts of up to £1,000 are approved by the Deputy Director of Finance.

- Debts over £1,000 are approved by the Director of Finance and are also reported to the Audit Committee.

All debts written off, which do not have a corresponding bad debt provision are coded to the “Bad Debt expense” line of the accounts.

All debts written off, which do have a corresponding bad debt provision are coded against the bad debt provision and thereby reduce the level of bad debt provision held by PC24.

5.9 Bad Debt Provision

A provision will be made for any debts that are considered to be a bad debt and at risk of not being collectable.

6. MONITORING AND COMPLIANCE

An annual report will be submitted to the Audit Committee to provide assurance that this policy is being applied consistently and fairly.

7. TRAINING

All staff will be made aware of this policy and the Finance Team will provide managers support in their role to ensure that all income is recovered appropriately.

8. EQUALITIES AND HEALTH INEQUALITIES

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

9. PERSONAL INFORMATION

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 2018, therefore no Privacy Impact Assessment is necessary.

| | | |
|---|---|---------------------------------------|
| Title: Anti Fraud, Anti Bribery and Anti Corruption Policy | Meeting Date: 28 July 2022 | Agenda item no: 10.3 |
| Prepared and presented by: Heledd Cooper | Discussed by: Finance & Performance Committee Audit Committee and Policy Group Reviewed by MIAA Counter Fraud | |
| Link to PC24 Values: <input checked="" type="checkbox"/> Respect <input checked="" type="checkbox"/> Dignity <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Compassion CQC Domain References <input type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led | Resource implications: None | |
| | Purpose of the report: <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting | |
| | Decisions to be taken: The Board is invited to: <ul style="list-style-type: none"> • Approve the Anti Fraud, Anti Bribery and Anti Corruption Policy | |

1.0 Purpose:

1.1 The Anti Fraud, Anti Bribery and Anti Corruption Policy has been reviewed and updated. As part of that review process the policy was sent to Mersey Internal Audit Agency who provide a Counter Fraud service to PC24. The Finance & Performance Committee recommend that the policy be approved by the Board.

2.0 Recommendations:

The Board is invited to:

- Approve the Anti Fraud, Anti Bribery and Anti Corruption Policy.



Anti-Fraud, Bribery and Corruption Strategy & Policy

Anti-Fraud, Anti-Bribery and Anti-Corruption Policy

DOCUMENT CONTROL

| | |
|---|---|
| Version | Version 2 |
| Supersedes: | Counter Fraud Policy and Bribery Policy |
| Date Ratified by Board: | |
| Reference Number: | |
| Title & Department of originator: | Heledd Cooper, Finance |
| Title of responsible committee/department: | Finance & Performance Committee |
| Effective Date: | July 2022 |
| Next Review date: | July 2024 |
| Target audience: | All |
| Impact Assessment Date: | |
| Summary | |

| Version | Date | Control Reason | Title of Accountable Person for this Version |
|--|------------|--|--|
| 2 | 30/05/2022 | Update to current policy | Director of Finance |
| | | | |
| Reference Documents | | Electronic Locations (Controlled Copy) | Location for Hard Copies |
| | | Primary Care 24 Intranet | Policy File, Wavertree Headquarters |
| Consultation: Committees / Groups / Individual | | | Date |
| | | | |

Contents

- 1. Summary**
- 2. Introduction**
 - 2.1 General
 - 2.2 Generic Areas of Action
 - 2.3 Aims and Scope
- 3. Definitions**
 - 3.1 Fraud
 - 3.2 Bribery & Corruption
 - 3.3 Employees
- 4. Codes of Conduct**
- 5. Roles and responsibilities**
 - 5.1 Strategic Governance
 - 5.2 Inform and Involve
 - 5.3 Prevent and Deter
 - 5.4 Hold to Account
 - 5.5 PC24
 - 5.6 Employees
 - 5.7 Managers
 - 5.8 NHS Counter Fraud Authority
 - 5.9 Director of Finance
 - 5.10 Internal and External Audit
 - 5.11 Human Resources
 - 5.12 Information management and technology
 - 5.13 Chief Executive Responsibilities
- 6. Reporting Fraud, Bribery and Corruption**
 - 6.1 Reporting Fraud, Bribery and Corruption
 - 6.2 Investigations with Clinical Implications
- 7. Review**
 - 7.1 Monitoring and auditing of policy effectiveness
 - 7.2 Dissemination of the policy
 - 7.3 Review of the policy
- 8. Equalities and Health Inequalities**
- 9. Personal Information**
- 10. Policy appendices**
 - Appendix A** Desktop Guide

1. Summary

Primary Care 24 (PC24) is committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. PC24 does not tolerate fraud, bribery and corruption and aims to eliminate all such activity as far as possible.

PC24 wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report them. It is also PC24's policy that no employee will suffer in any way as a result of reporting reasonably held suspicions. This protection is given under the Public Interest Disclosure Act that PC24 is required to comply with.

For the purposes of this policy "reasonably held suspicions" shall mean any suspicions other than those which are totally groundless (and/or raised maliciously).

This policy is intended as both a guide for all employees and stakeholders on the anti-fraud, bribery and corruption activities being undertaken within the PC24 as well as informing all staff and stakeholders on how to report any concerns or suspicions they may have.

2. Introduction

2.1 General

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the public sector are honest and professional and they find that fraud, bribery and corruption, which is committed by a minority, is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care. PC24 does not tolerate fraud, corruption or bribery.

All instances where fraud, bribery and corruption are suspected will be thoroughly investigated.

2.2 Generic areas of action

PC24 is committed to taking all necessary steps to counter fraud, bribery and corruption. To meet this objective, it has adopted the national strategic approach, advanced by the NHS Counter Fraud Authority, which specifies the following:

- to ensure that the organisation's strategic governance arrangements have embedded anti-crime measures across all levels.
- to inform and involve NHS staff and staff providing NHS services, and the public through raising awareness of crime risks against the NHS, and publicising those risks and effects of crime.

- prevent and deter individuals who may be tempted to commit crime against the NHS and ensure that opportunities for crime to occur are minimised.
- to detect and investigate crime and hold to account those individuals who have committed crimes by prosecuting and seeking redress.

2.3 Aims and Scope

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees and all stakeholders who may identify suspected fraud, corruption or bribery. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption. The overall aims of this policy are to:

- improve the knowledge and understanding of everyone in PC24, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability
- assist in promoting a climate of openness and a culture and environment where staff and stakeholders feel able to raise concerns sensibly and responsibly
- PC24's responsibilities in terms of anti-fraud, bribery and corruption activities
- ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
 - criminal prosecution.
 - civil prosecution.
 - Internal/external disciplinary action.

This policy applies to all employees of PC24, regardless of position held, as well as Associate GPs, clinicians, consultants, contractors, and/or any other parties who have a business relationship with PC24. It will be brought to the attention of all employees by various methods and will form part of the induction process for new staff.

3. Definitions

3.1 Fraud

The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting fraud. It is no longer necessary to prove that a person has been deceived, or for a fraud to be successful. Focus is now placed on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or, expose another to a loss.

There are several specific offences under the Fraud Act 2006; however, there are three primary ways in which it can be committed;

- **Fraud by false representation (s.2)** – lying about something using any means, e.g. falsifying a CV or a PC24 job application form.
- **Fraud by failing to disclose (s.3)** – not saying something when you have a legal duty to do so, e.g. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your PC24 role, duties or obligation and where you are required to declare such information as part of a legal commitment to do so.
- **Fraud by abuse of a position of trust (s.4)** – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation, e.g. an employee using commercially confidential PC24 information in order to make a personal gain.

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there. Successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a potential custodial sentence of up to 10 years.

3.2 Bribery and Corruption

Bribery and corruption prosecutions can be brought using specific pieces of legislation:

- Prevention of Corruption Acts 1906 and 1916, for offences committed prior to 1st July 2011, and,
- Bribery Act 2010, for offences committed on or after 1st July 2011.

The Bribery Act 2010 reforms the criminal law of bribery, making it a criminal offence to;

- **give promise or offer a bribe (s.1), and/or**
- **request, agree to receive or accept a bribe (s.2).**

Corruption is generally considered to be an “umbrella” term covering such various activities as bribery, corrupt preferential treatment, kickbacks, cronyism or embezzlement. Under the 2010 Act, however, bribery is now a series of specific offences.

Generally, bribery is defined as: an inducement or reward offered, promised or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage.

A bribe does not have to be in cash; it may be the awarding of a contract, the provision of gifts, hospitality, sponsorship, the promise of work or some other benefit. The persons making and receiving the bribe may be acting on behalf of others –

under the Bribery Act 2010, all parties involved may be prosecuted for a bribery offence.

The Bribery Act 2010 is also extra-territorial in nature. This means that anyone involved in bribery activity overseas may be liable to prosecution in the UK if the bribe is in respect of any UK activity, contract or organisation. To this end, the Bribery Act 2010 also includes an offence of bribing a foreign public official [s.6].

In addition, the Bribery Act 2010 introduces a new 'corporate offence' [s.7] of the failure of commercial organisations to prevent bribery. As a result, PC24 may be held liable (and punished with a potentially unlimited fine) when someone "associated" with it bribes another in order to get, keep or retain business for the organisation. However, the organisation will have a defence, and avoid prosecution, if it can show it had 'adequate procedures' in place designed to prevent bribery.

Finally, under section 14 of the Bribery Act 2010, a senior officer of the organisation (e.g. Chief Executive, Chair) would also be liable for prosecution if they consented to or connived in a bribery offence carried out by another. Under such circumstances, the Chief Executive may be prosecuted for a parallel offence to that brought against the primary perpetrator. Furthermore, the organisation could also be subject to an unlimited fine because of the Chief Executive's consent or connivance.

PC24 adopts a 'zero tolerance' attitude towards bribery and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose. PC24 is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to our risks, are in place to prevent bribery and which will be regularly reviewed. We will seek to obtain the strongest penalties – including criminal prosecution, disciplinary and/or civil sanctions – against anyone associated with PC24 who is found to be involved in any bribery or corruption activities.

A conviction under the Bribery Act 2010 may ultimately result in an unlimited fine and/or a custodial sentence of up to 10 years imprisonment.

3.3 Employees

For the purposes of this policy, 'employees' includes PC24 staff, Associate GPs, clinicians and non-Executive members.

4. Codes of Conduct

The codes of conduct for NHS boards and NHS managers set out the key public service values. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. These values are summarised as:

Accountability - Everything done by those who work in PC24 must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity - Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

Openness - The organisation's activities should be sufficiently public and transparent to promote confidence between PC24 and its staff and the public.

All staff should be aware of and act in accordance with these values. In addition, staff are expected to;

- act impartially in all their work.
- refuse gifts, benefits, hospitality or sponsorship of any kind that might reasonably be seen to compromise their judgement or integrity; and, to avoid seeking to exert influence to obtain preferential consideration. All such gifts should be returned and hospitality refused.
- declare and register gifts, benefits or sponsorship of any kind, in accordance with limits agreed locally, whether refused or accepted.
- declare and record financial, non-financial or personal interest (e.g. company shares, research grant) in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by such considerations.
- make it a matter of policy that offers of sponsorship that could possibly breach the Code be reported to the Board.
- not misuse their official position or information acquired in the course of their official duties, to further their private interests or those of others.
- ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services.
- beware of bias generated through sponsorship, where this might impinge on professional judgement or impartiality.
- neither agree to practice under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals.

All staff are also reminded that every PC24 employee, regardless of position or status, are expected to comply with the principles contained within the NHS Standards of Business Conduct (HSG (93)5).

Relevant personnel are also reminded that their professional bodies will also have codes of conduct or standards of behaviour which they will be expected to adhere to.

5. Roles and Responsibilities

Through our day-to-day work, we are in the best position to recognise any specific risks within our own areas of responsibility. We also have a duty to ensure that those risks – however large or small – are identified and eliminated. Where you believe the opportunity for fraud, corruption or bribery exists, whether because of poor procedures or oversight, you should report it to the Director of Finance

This section states the roles and responsibilities of employees, stakeholders and other relevant parties in reporting fraud or corruption.

PC24 will implement both the corporate responsibilities and three key principles for action as set out in the four sections below. This will be achieved through suitable training and the use of appropriate expertise as required.

5.1 Strategic Governance

PC24 will ensure that anti-crime measures are embedded at all levels across the organisation.

5.2 Inform and Involve

PC24 will use anti-fraud publicity material to persuade both employees and stakeholders, along with the public that fraud, bribery and corruption is serious and takes away resources from important services. Such activity will demonstrate that fraud, bribery and corruption are considered to be not acceptable and are being tackled.

5.3 Prevent and Deter

PC24 has policies and procedures in place to reduce the likelihood of fraud, bribery and corruption occurring. These include a system of internal control, Standing Financial Instructions and documented procedures, which involve physical and supervisory checks, financial reconciliations, segregation and rotation of duties, and clear statements of roles and responsibilities.

Where fraud, bribery and corruption has occurred PC24 will introduce measures to minimise the future occurrence of fraud, bribery and corruption and will ensure that any necessary changes to systems and procedures take place as soon as is possible to prevent similar incidents from happening in the future.

5.4 Hold to Account

PC24 will hold to account those who have committed crimes against the organisation through detecting and investigating fraud, bribery and corruption, prosecuting, and seeking redress.

Following the conclusion of an investigation, if there is evidence of fraud, available sanctions will be considered. This may include criminal prosecution, civil proceedings and disciplinary action, as well as referral to a professional or regulatory body.

Recovery of any losses incurred will also be sought through civil proceedings if appropriate; to ensure losses to PC24 are returned for their proper use.

5.5 Role of PC24

PC24 has a duty to ensure that it provides a secure environment in which to work, and one where people are confident to raise concerns without worrying that it will reflect badly on them. This extends to ensuring that staff feel protected when carrying out their official duties and are not placed in a vulnerable position. If staff have concerns about any procedures or processes that they are asked to be involved in, PC24 has a duty to ensure that those concerns are listened to and addressed.

PC24's Director of Finance is liable to be called to account for specific failures in its system of internal controls. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all PC24 employees including those who provide support services on behalf of the organisation. PC24 therefore has a duty to ensure employees who are involved in or who are managing internal control systems receive adequate training and support in order to carry out their responsibilities. Therefore, the Chief Executive and Director of Finance will monitor and ensure compliance with this policy.

5.6 Employees

PC24's Standing Financial Instructions, policies and procedures place an obligation on all employees including Non-Executives to act in accordance with best practice.

Employees are expected to act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them.

Employees also have a duty to protect the assets of the PC24, including information, and property.

In addition, all employees have a responsibility to comply with all applicable laws, regulations and PC24 policies relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

- avoid acting in any way that might cause others to allege or suspect them of dishonesty
- behave in a way that would not give cause for others to doubt that PC24 employees deal fairly and impartially with official matters
- be alert to the possibility that others might be attempting to deceive.

All employees are required to complete the fraud, bribery and corruption online module on induction.

All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.

If an employee suspects that there has been fraud, corruption or bribery, or has seen any suspicious acts or events, they must report the matter to the Director of Finance.

5.7 Managers

Managers must be vigilant and ensure that procedures to guard against fraud, bribery and corruption are applied and monitored. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud, bribery and corruption.

Managers must instil and encourage an anti-fraud, bribery and corruption culture within their teams and ensure that information on procedures is made available to all employees.

All instances of actual or suspected fraud, bribery and corruption which come to the attention of a manager must be reported immediately. Managers must not attempt to investigate the allegation themselves.

Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively.

5.8 NHS Counter Fraud Authority

The NHS Counter Fraud Authority is a special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group.

As a special health authority focused entirely on counter fraud work, the NHS CFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care (DHSC).

The NHS CFA's main objectives are:

- to deliver the 'NHSCFA Strategy', vision, objectives and strategic plan; working with the Department of Health and Social Care Anti-Fraud Unit (DHSC AFU) to achieve these objectives.
- to be the principal lead for counter fraud activity in the NHS in England, and the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters.

- collaborate nationally and locally with the NHS to understand fraud threats, vulnerabilities and enablers. Provide support, guidance and tools to enable effective counter fraud responses at national and local levels and reduce the impact of fraud.
- to take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.
- collaborate with the Government Counter Fraud Function which works to find and fight fraud across the public sector. Support the development of the Counter Fraud Functional Standard and Profession.

5.9 Director of Finance

Director of Finance (DOF) has powers to approve financial transactions initiated by departments across the organisation.

The DOF prepares documents and maintains detailed financial procedures and systems and that they apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The DOF, in conjunction with the Chief Executive, monitors and ensures compliance with the PC24's requirements regarding fraud, bribery and corruption.

The DOF will, depending on the outcome of investigations (whether on an interim/on-going or concluding basis) and/or the potential significance of suspicions that have been raised, inform appropriate senior management accordingly.

The DOF will inform and consult the Chief Executive in cases where the loss may be above the agreed limit or where the incident may lead to adverse publicity.

If an investigation is deemed to be appropriate, the Director of Finance may delegate the investigation to another body to investigate (e.g. the Police, external investigators), whilst retaining overall responsibility.

The DOF will consult and take advice from the Associate Director of HR if a member of staff is to be interviewed or disciplined. The DOF and/ or the appointed fraud investigator will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by HR.

5.10 Internal and External Audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Any incident or suspicion of fraud, corruption or bribery that comes to internal or external audit's attention will be

passed immediately to the DOF. The outcome from a fraud investigation may necessitate further work by internal or external audit to review systems and controls.

5.11 Human Resources

HR will liaise closely with managers from the outset if an employee is suspected of being involved in fraud, corruption and/or bribery. HR staff are responsible for ensuring the appropriate use of the PC24's disciplinary procedure. The HR function will advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures, as requested.

Close liaison between the Director of Finance and HR will be essential to ensure that any parallel sanctions (i.e. criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

HR will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees, as well as the veracity of required qualifications and memberships of professional bodies, in terms of their propriety and integrity. In this regard, temporary and fixed-term contract employees are treated in the same manner as permanent employees.

5.12 Information Management and Technology

PC24's Head of Information Technology will contact the Director of Finance immediately in all cases where there is suspicion that PC24's ICT is being used for fraudulent purposes, particularly in relation to the Computer Misuse Act 1990 and shared working arrangements will be established. HR will also be informed if there is a suspicion that an employee is involved.

5.13 Chief Executive Responsibilities

The Chief Executive as the organisation's accountable officer has the overall responsibility for funds entrusted to it. The Chief Executive must ensure adequate policies and procedures are in place to protect the organisation and the public funds it receives.

5.14 Mersey Internal Audit Agency (MIAA)

PC24 have introduced an Anti-Fraud Service delivered by Mersey Internal Audit Agency (MIAA) as support to the organisation to combat fraud, bribery and corruption through activities including awareness raising, prevention and detection work taking into account best practice and guidance from NHS Counter Fraud Authority where appropriate.

MIAA can assess referrals and concerns at a high level and provide advice to support internal investigations, however, MIAA do not have powers to conduct full criminal investigations on behalf of PC24.

The AFS reports directly to the Director of Finance, and attends and reports to Audit Committee, providing an Annual Workplan, Progress Reports, and Annual Report. The AFS is available to provide advice and support in relation fraud, bribery and corruption.

MIAA's Anti-Fraud Services team is led by Darrell Davies, Regional Assurance Director, and Virginia Martin is the organisation's Lead Anti-Fraud Specialist (AFS).

Contact details: Virginia Martin, Anti-Fraud Specialist, Mobile: 07551131190, Email: virginia.martin@miaa.nhs.uk or virginia.martin@nhs.net

6. Reporting Fraud, Bribery and Corruption

6.1 Reporting fraud, bribery and/or corruption

This section outlines the action to be taken if fraud, corruption or bribery is discovered or suspected. If an employee has any of the concerns, they must inform PC24's Director of Finance immediately,

If the referrer believes that the Director of Finance is implicated, they should notify a Senior officer is not believed to be involved who will then inform the Associate Director HR and Audit Committee Chair.

An employee can contact any executive officer of PC24 to discuss their concerns if they feel unable, for any reason, to report the matter to the Director of Finance or the Chief Executive.

The desktop guide (**Appendix A**) provides a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and corruption, or other illegal acts, are discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards in their department.

If any employee or stakeholder feels unable, for any reason, to report the matter internally they can also call:

NHS Counter Fraud Authority.

Telephone: 0800 028 40 60 or report online at: <https://cfa.nhs.uk/reportfraud>

Action Fraud the UK's national fraud and cyber-crime reporting centre.

Telephone: 0300 123 2040

Report on-line: [Report Fraud On-line](#)

This provides an easily accessible route for the reporting of genuine suspicions of fraud, bribery and corruption. It allows those people who are unsure of internal reporting procedures to report their concerns in the strictest confidence. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Anonymous letters, telephone calls, etc. are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously.

The Director of Finance will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

PC24 wants all employees and stakeholders to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the Public Interest Disclosure Act 1998, PC24 has produced a Reporting a Concern (Whistleblowing) Policy. This procedure is intended to complement this policy as well as other relevant PC24 policies and ensures there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/management chain. Corporate policies can be found on PC24's intranet.

6.2 INVESTIGATIONS WITH CLINICAL IMPLICATIONS

When investigating suspicions of fraud, it is important to consider whether there may be any clinical or health and safety implications which could have an adverse impact on the organisation. An example of this would be an individual working for the organisation is suspected of using a false name/identity. In such cases, the overriding consideration must be one of patient care. It must be appreciated that every case is different and it is therefore impossible to produce definitive guidance to follow.

In such an instance, it is important that the Director of Finance is informed of the potential risk at the earliest opportunity. The Director of Finance will decide which of his/her senior colleagues, should be informed and consulted with before reaching a decision. Any appropriate professional body may also be notified. It is essential that this happens to ensure that the Director of Finance's decision can take account of the full consideration of the clinical and non-clinical risks facing the organisation. To ensure that the investigation is not compromised however, it is vital that the number of people aware of the investigation is kept to an absolute minimum. If in any doubt, advice will be sought from the NHS Counter Fraud Authority.

It may be appropriate or necessary for immediate action to be taken. All previously agreed parties should be involved in this process and should be kept informed of any action taken and the outcomes. Any decision to contact or suspend the individual(s) under suspicion must involve the Director of Finance and Associate Director of HR unless either of those individuals is implicated in the reported activity.

Under no circumstances will issues of fraud take priority over patient care.

7. Review

7.1 Monitoring and auditing of policy effectiveness

Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an ongoing basis and identifying weaknesses in processes.

Where deficiencies are identified as a result of monitoring, PC24 should explain how appropriate recommendations and action plans are developed and how any recommendations made should be implemented.

7.2 Dissemination of the policy

The Anti-Fraud, Bribery and Corruption Policy will be made available to all staff, via a variety of forms of communications, including the PC24's intranet.

It is highly important that all staff understand and are aware of the policy.

7.3 Review of the policy

PC24's Anti-Fraud, Bribery and Corruption Policy will be reviewed bi-annually. The Director of Finance will review the policy on behalf of the PC24 before ratification.

8. Equalities and Health Inequalities

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

9. Personal Information

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement

for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

Appendix A:

Anti-fraud, bribery and corruption: dos and don'ts A desktop guide for PC24 staff

FRAUD is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position. **CORRUPTION** is the deliberate use of bribery or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another. **BRIBERY** is to give promise to offer a bribe, and to request, agree to receive or accept a bribe.

Fraud, Corruption and Bribery mean that money that is there to spend on patient care is no longer available, we need everyone to play a part in making sure that this doesn't happen and report any suspicions you may have.

DOs

- **Note your concerns**

Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

- **Retain evidence**

Retain any evidence that may be destroyed, or make a note.

- **Report your suspicion**

Confidentiality will be respected – delays may lead to further financial loss.

DON'Ts

- **Confront the suspect or convey concerns to anyone other than those authorised, as listed below**

Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person.

- **Try to investigate, or contact the police directly**

Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful.

- **Be afraid of raising your concerns**

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

- **Do nothing**

If you suspect that fraud against PC24 or the NHS has taken place, you must report it immediately.

You can contact our Director of Finance:

3-6 Enterprise Way
Wavertree Technology Park
Liverpool, L13 1FB
Office: 0151 254 2553 - ext. 1001
Email: heledd.cooper@pc24.nhs.uk

Or the NHS Counter Fraud Authority:

NHS fraud.
Spot it. Report it.
Together we stop it.

Report NHS fraud **0800 028 4060**
www.cfa.nhs.uk/reportfraud



For further information about the NHS Counter Fraud Authority please visit <https://cfa.nhs.uk/home>

| | | |
|--|--|---------------------------------------|
| Title: Portable Device Policy | Meeting Date: 28 July 2022 | Agenda item no: 10.4 |
| Prepared and presented by: Margaret Swinson | Discussed by: Policy Group | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> <input type="checkbox"/> Safe ✓ Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive ✓ Well-led | Resource implications: None | |
| | Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting | |
| | Decisions to be taken: The Board is invited to: <ul style="list-style-type: none"> • Approve the Portable Device Policy. | |

1.0 Purpose:

1.1 The Portable Device Policy was previously the Mobile Device policy. The title has been widened in recognition of the increased range of portable devices in regular use.

1.2 The Policy has been reviewed and amended during its consultation process to ensure that the links between device use and other policies in place for the protection of data are clear. The Finance & Performance Committee recommend the policy for approval by the Board.

2.0 Recommendations:

The Board is invited to:

- Approve the Portable Device Policy.

Portable Communication Device Policy

| | |
|---|---|
| Version | 2.0 |
| Supersedes: | Mobile Device Policy (Edited and updated) |
| Date Ratified by Board: | |
| Reference Number: | PC24POL64 |
| Title & Department of originator: | IT Manager |
| Title of responsible committee/department: | IT Team |
| Effective Date: | |
| Next Review date: | July 2023 (or when there is a change in Policy) |
| Target audience: | Any PC24 staff, contractors, clinicians & locums who are issued with, or interact with a PC24 mobile communication device. |
| Impact Assessment Date: | |
| Summary | Management of portable communication devices and their use |

| Version | Date | Control Reason | Title of Accountable Person for this Version |
|---------|------------|---|--|
| 1.1 | 01/04/2012 | Reviewed. Associates included in the scope of the policy. | |
| 1.2 | 01/06/2013 | Titles amended cover page to IM&T Manager, 5.3, 10.2 title changed from IM&T department to IM&T manager, 9.2 fax number changed to 0151 230 5555, | |
| 1.3 | 01/02/2015 | Reviewed in line with annual information governance submission. Changes made to address and to sim card provider. | |
| 1.4 | 08/01/2016 | Reviewed in line with annual information governance submission | |
| 1.5 | 06/11/2019 | Reviewed in line with GDPR requirements and technological changes in portable devices. Updated PC24 branding. | IT Manager |
| 2.0 | 01/05/2022 | Reviewed, updated and re-named | IT Manager |
| | | | |

| Reference Documents | Electronic Locations (Controlled Copy) | Location for Hard Copies |
|---|---|--|
| | Primary Care 24 Intranet / SOPs Clinical / Operations ... Delete as appropriate* | Policy File, Wavertree Headquarters |
| Consultation: Committees / Groups / Individual | | Date |
| This version – Policy Group | | z |

| CONTENTS | Page |
|--|-------------|
| 1 PURPOSE | 4 |
| 2 SCOPE | 4 |
| 3 DEFINITIONS | 4 |
| 4 ROLES AND RESPONSIBILITIES | 5 |
| 5 STATUTORY DUTIES | 6 |
| 6 GUIDANCE FOR USERS AND MANAGERS | 7 |
| 7 MONITORING AND COMPLIANCE | 12 |
| 8 USEFUL DOCUMENTS | 12 |
| 9 POLICY MANAGEMENT | 12 |
| 10 EQUALITIES AND HEALTH INEQUALITIES | 13 |
| 11 PERSONAL INFORMATION | 13 |

1. PURPOSE

Primary Care 24 (PC24) recognises the essential and increasing role portable devices play in safe and efficient service delivery. Portable communication devices can include any electronic device which is designed to be transferable in its usage and can include mobile phones, smartphones, tablet computers (iPads etc.) and laptop computers.

Portable devices play an essential role in the dispersed nature of PC24 services both in providing valuable opportunities to improve efficiency and by providing clinicians with options for agile working and providing lone or isolated staff with an essential link to the wider service as part of PC24 Lone Worker procedures where other forms of contact such as online video meetings are unavailable.

This policy is designed to provide clarity and guidance regarding the provision and use of portable communication devices at PC24

2. SCOPE

This policy applies to

- All PC24 colleagues and agency staff
- PC24 Directors and Non-Executive Directors
- Visitors to PC24
- Associate and Locum Clinicians undertaking sessions on behalf of PC24 at any location, at any time
- Other persons working for PC24, persons engaged on PC24 business or persons using PC24 equipment and networks such as third party contractors
- All usage by anyone granted access to PC24 network
- Any information processor acting on behalf of PC24.

3. DEFINITIONS

Any portable device that is designed to have the capability of providing communication services for the purposes of phone calls, text messages, accessing mobile data services, emails or the internet. Examples of mobile devices include:

- Laptop Computers
- Tablet Computers such as iPads
- Mobile Phones and Smart Phones
- Any portable device that communicates via bluetooth, wifi, mobile network or any similar protocol.

4. ROLES AND RESPONSIBILITIES

The following specific duties and responsibilities apply within PC24

Head of IT

The Head of IT is responsible for approving and monitoring the effectiveness of the policy and providing risk management and mitigations to any issues that arise.

Line Managers and Heads of Departments

Line managers and Heads of Departments are responsible for the implementation of this policy within their departments.

Line managers are responsible for monitoring the ongoing appropriateness of portable devices issued within their area of responsibility and ensuring there are procedures in place to log the temporary issue of equipment.

Heads of Department are responsible for identifying (with support of the IT team) appropriate budget and purchase orders for any new or replacement portable communication devices.

IT Department

The IT Department is responsible for maintaining and updating the database of all Primary Care 24 mobile communication devices in conjunction with all Line Managers. The IT Department is responsible for the procurement of all new mobile communication devices and for dealing with faulty, lost or stolen devices upon alert from the appropriate individual or user.

Device Users

Users are responsible for appropriate usage of mobile communication devices in their possession and for co-operating with the development and implementation of this policy as part of their normal duties and responsibilities. Users must take reasonable care to protect themselves and equipment issued to them and to implement all guidance within this policy.

Users must report any damage to PC24 equipment as soon as it is noticed, this is of particular importance for multi user devices such as home visiting (Aremote) laptops.

5. STATUTORY DUTIES

PC24 will adhere to current legal and statutory requirements in regard to the use of mobile communication devices, including all Road Traffic Acts. The law relating to mobile communication device use prohibits drivers using a hand-held mobile communication device, or similar device, while driving.

Using a mobile communication device can itself create hazards and employees that have mobile communication devices must not use them in a manner that endangers themselves or others.

When driving, users must not use hand held devices. Although use of “hands free” equipment is not illegal, legal penalties exist if you are identified as not being in full control of a vehicle. The use of hands-free portable devices such as hands free phones and satellite navigation systems can be a distraction whilst driving and any person operating a vehicle must minimise use of such devices and maintain full control of the vehicle at all times, ensuring that any use is safe and legal.

Any person driving a vehicle must not use hand held devices whilst in control of the vehicle for any purpose. Any hand-held equipment must only be used when the vehicle is stopped with the ignition keys removed.

6. GUIDANCE FOR USERS AND MANAGERS

Interaction with other Policies

All users and managers are reminded that the Confidentiality, Data Protection & Caldicott Policy, Records Management Policy, Social Media Policy and Internet & Email Policy apply to all PC24 portable communication devices and to work related activity on personal devices. Special category data and other forms of Person Identifiable Data should not be sent to or stored on personal devices. A zero tolerance approach will be taken in respect of breaches of policy. Any work related data stored on personal devices, including social media, is within scope for disclosure under a GDPR Subject Access Request.

Device Allocation Criteria

The following criteria will be considered prior to approving a request for a mobile communication device:

Working alone in the community

Working alone in isolated areas without access to a landline

Working alone outside of office hours

Business requirement for a communication aid

On-call commitments

Application Process for a Mobile Communication Device

A request for a mobile communication device can be made at any time and a repeat request made if the circumstances are deemed to have changed. A user should speak to their line manager or the appropriate individual in the first instance to ensure they support the request.

To make a request for a mobile communication device the line manager or appropriate budget holder must support the request.

The key steps are summarised as follows:

- Log a job with the IT Department, who will provide assistance in identifying what mobile device is required for the user to perform their role
- The IT Department will confirm the cost of the associated device, mobile connection and requested accessories for the manager to request a purchase order. Purchase orders must be raised against the departmental budget and signed by the appropriate budget holder.

Ordering and Receipt of Mobile Communication Device

The key steps are summarised as follows:

- Following approval by the appropriate budget holder and generation of a purchase order, the IT Department will complete the device procurement
- All mobile communication devices will be delivered to the IT Department and arrangements made for the user to collect the device
- On receipt of the device a member of the IT Department will record the item on the IT Asset Register along with the name of the user who will be receiving the device.

Ownership

Portable communication devices and their accessories remain the property of PC24 at all times. However, users have a responsibility to ensure due care is taken of devices whilst in their possession.

Use of Mobile Communication Devices

Calls from a PC24 mobile communication device will normally be work related, although, it is accepted that exceptional situations arise that necessitate limited non-work usage.

PC24 will monitor PC24 mobile communication device usage for the purposes of budgetary control. Specifically call charges, call duration and SMS/ text message use will be analysed. If deemed necessary further investigation will be undertaken. This may lead to disciplinary or further action if the PC24 mobile communication

device is being used inappropriately as well as the user being required to reimburse the costs of any inappropriate usage.

The following information should be taken into account when using a PC24 mobile communication device:

- Users should not make use of any “premium rate” services including calls and texts that attract non-standard charging
- Users should not make calls to the talking clock or directory enquiries
- Users must not use chargeable non-geographical numbers such as “0870” numbers where a local or free (0800) alternative exists
- Users must ensure that the use of mobile data is minimised and WIFI is used where possible. Users must contact the PC24 IT Department for connection to the WIFI in Wavertree office.

Use of a Portable Communication Device outside Normal Hours of Duty

Users are not expected to respond to a PC24 mobile communication devices whilst not on duty and in normal circumstances the device should be switched off.

Protection of PC24 Portable Communication Devices

To prevent the misuse of lost or stolen mobile handsets all users must ensure that their handset has a screen pin lock. In the case of multi user mobile phones the appropriate line manager should make sure this is in place.

All portable devices should be encrypted where possible to do so. The IT Department can advise on this process.

In general, it is possible to encrypt all smartphones used by PC24 and this will be enabled by default. Users must never attempt to disable encryption protection. Sensitive and/or patient identifiable information should never be held on a non-encrypted device.

Users must contact the IT Department if they are unsure of how to effectively set up security and encryption device features.

Lost/Stolen Devices

Lost and stolen devices need to be reported immediately to the IT Department so steps can be taken to suspend the device at the earliest opportunity. The IT Department will report all losses to appropriate line managers and where necessary facilitate the procurement of a replacement device. If a user loses a device, a charge may be incurred for the necessary replacement. Failure to safeguard Primary Care 24 equipment may result in disciplinary or further action.

If a portable communication device is stolen, users must contact their line manager. In the event of any stolen device the police must be informed and a crime reference number obtained and provided to the IT Department for recording.

Faults and Maintenance

Any faults relating to a portable communication device must be reported immediately to the IT Department. Repair of the device will always be considered before replacement. Replacement of any device will require the completion of a portable communication device Request Form via the IT service desk and approval by the budget holder for the service.

SIM Cards

SIM cards should not be removed from PC24 portable devices without the permission PC24 IT Department or other nominated service provider (such as Informatics Merseyside, Wavenet or One Advanced).

PC24 SIM cards must not be used in other portable devices without permission of the PC24 IT Department.

SIM cards and associated services they enable remain the property of PC24 and may be withdrawn at any time.

Upon leaving PC24, all SIM cards must be returned along with the portable devices to which they are associated.

If a SIM card is lost or stolen, PC24 IT Department must be informed immediately so as the device can be blocked to minimise PC24's exposure to charges as a result of unauthorised use.

Personal use of the services accessible via PC24 SIM cards is not permitted unless allowed by the specific section of this policy.

Change of User Details/Transfer of Device/Leavers

Change of User – Any changes to user details (i.e. name, department, title, contact information) must be given to the IT Department so records can be accurately maintained. The new user must sign the declaration (Appendix two) before they are issued with any portable communication device.

Transfer of Device – If the current user leaves PC24 or transfers to another position within PC24 and the portable communication device is re-allocated to another user, the responsible line manager or appropriate individual must contact the IT Department to report the changes. The new user must sign the declaration form provided before they are issued with any portable communication device. All returned devices must be checked and working condition confirmed. If a user fails to return a portable device, its charger or associated equipment, they may be charged for any required replacements. The IT Department must be informed of any faulty equipment before the portable device is reissued.

Leavers – Users leaving Primary Care 24 are responsible for returning the portable communication device and all accompanying equipment to the line manager or appropriate individual on or by their last working day. The line manager or appropriate individual will be responsible for notifying the IT Department accordingly. Failure to return any component or the return of damaged equipment may result in the user being charged for repair or replacement.

Training Requirements

All users will be informed of this policy on induction and as part of ongoing instruction within each department. Line managers are responsible for issuing appropriate guidance to their staff. If required, line managers or users can seek further guidance and operation instructions from the IT Department.

7. MONITORING AND COMPLIANCE

All users issued with a portable communication device of any type are expected to have read and understood and to comply with the contents of this policy. Failure to do so may result in disciplinary or further action.

8. USEFUL DOCUMENTS & REFERENCES

| Document | Reference |
|---|------------------|
| Confidentiality, Data Protection & Caldicott Policy | PC24POL01 |
| Risk Management Policy | PC24POL2 |
| Records Management Policy | PC24POL03 |
| Internet & Email Policy | PC24POL05 |
| Information Security Policy | PC24POL6 |
| Disciplinary Policy | PC24POL14 |
| Equality & Diversity Policy | PC24POL119 |
| Social Media Policy | PC24POL128 |
| Clinician Remote Working SOP | PC24CL71 OP273 |

9. POLICY MANAGEMENT

Head of IT will be responsible for the management of this policy. In addition, the effectiveness of this policy will be monitored by IT Department and the policy may be reviewed and amended at any time if deemed necessary. Notification of any changes to the policy will be communicated to all users.

10. EQUALITIES AND HEALTH INEQUALITIES

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

11. PERSONAL INFORMATION

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles set out in the Data Protection Act 2018. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 2018, therefore no Privacy Impact Assessment is necessary.

| | | |
|---|---|---------------------------------------|
| Title: Quality & Workforce Report | Meeting Date: 28 July 2022 | Agenda item no: 11.1 |
| Prepared and presented by: Paula Grey | Discussed by: | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led | Resource implications: | |
| | Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting | |
| | Decisions to be taken: <p>The meeting is invited to:</p> <ul style="list-style-type: none"> • Be assured that the Committee is giving due scrutiny to the information presented to it • Note the main issues from the meeting. | |

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on key matters discussed at the Quality & Workforce Committee meeting held on 20 July 2022.

2.0 Matters for Report:

The Committee:

- 2.1 Received a presentation from the Communications Manager outlining the development of the new website and intranet and the audit of internal communication.
- 2.2 Noted the ongoing developments in both the Quality and Workforce Reports.
- 2.3 Welcomed the improvement in Appraisal compliance.
- 2.4 Discussed the Clinical Workforce Strategy which would be discussed in greater depth by the Board.
- 2.5 Received an update on the capabilities of the Clinical Guardian system outlined at a recent meeting of the CEO and Medical Director with the developer, and noted that the system was able to provide for the needs of PC24 and that there was scope for tailored developments.
- 2.6 Recommended the Organisational Change and Redundancy Policy to the Board for approval.

3.0 Recommendations:

The meeting is invited to:

- Be assured that the Committee is giving due scrutiny to the information presented to it
- Note the main issues from the meeting.

| | | |
|---|---|---------------------------------------|
| Title: Finance & Performance Report | Meeting Date: 28 July 2022 | Agenda item no: 10.2 |
| Prepared and presented by: Paul Cummins | Discussed by: | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led | Resource implications: | |
| | Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting | |
| | Decisions to be taken: <p>The meeting is invited to:</p> <ul style="list-style-type: none"> • Be assured that the Committee is giving due scrutiny to the information presented to it • Note the main issues from the meeting. | |

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on key matters discussed at the Finance & Performance Committee meeting held on 20 July 2022.

2.0 Matters for Report:

The Committee:

- 2.1 Noted the improving operational performance.
- 2.2 Welcomed the implementation of the new telephony system at the first of the Sefton practices and noted that the other practices should be on the new system within the next 2 weeks.
- 2.3 Received the contracts update, in particular noting the work being undertaken to establish new Extended Access contracts with the PCN's. The Committee noted that the new EA contracts were expected to deliver a contribution to surplus of £600k rather than the present £3m.
- 2.4 Noted the good financial performance for the current year and agreed the write off of two old debts.
- 2.5 Recommended the new Debtors policy and the Anti Fraud, Anti Bribery & Anti Corruption Policy to the Board for approval

3.0 Recommendations:

The meeting is invited to:

- Be assured that the Committee is giving due scrutiny to the information presented to it
- Note the main issues from the meeting.

| | | |
|---|---|---------------------------------------|
| Title: Audit Committee Report | Meeting Date: 28 July 2022 | Agenda item no: 11.3 |
| Prepared and presented by: Kathryn Foreman | Discussed by: | |
| Link to PC24 Values: <ul style="list-style-type: none"> ✓ Respect ✓ Dignity ✓ Caring ✓ Compassion CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led | Resource implications: | |
| | Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting | |
| | Decisions to be taken: <p>The meeting is invited to:</p> <ul style="list-style-type: none"> • Be assured that the Committee is giving due scrutiny to the information presented to it • Note the main issues from the meeting. | |

1.0 Purpose:

- 1.1** The purpose of this paper is to advise the Board on key matters discussed at the Audit Committee meeting held on 17 June 2022. There is a further meeting of the Committee to consider the Year End Audit and Financial Statements on 25 July 2022. These matters will form a separate agenda item on the Board agenda in July.

2.0 Matters for Report:

The Committee:

- 2.1** Would be meeting in July for the purpose of considering the Year End Financial Statements and the Audit findings.
- 2.2** Would receive, for information, at that meeting a schedule of outstanding internal audit actions with updates and confirmation of the timetables for the remaining 2021/22 audits and the outline plan, with dates for the 2022/23 programme.
- 2.3** Discussed the Clinical Governance Review undertaken by MIAA and noted that the Clinical Workforce strategy would be presented to the next meeting of the Quality & Workforce Committee.
- 2.4** Received the Declarations of Interest Register for review.

2.5 Gave preliminary consideration to the Debtors Policy and the Anti Fraud, Anti Bribery & Anti Corruption Policy, recommending both to the Finance & Performance Committee.

2.6 Reviewed its terms of reference.

3.0 Recommendations:

The meeting is invited to:

- Be assured that the Committee is giving due scrutiny to the information presented to it
- Note the main issues from the meeting.